For your Health

Cristalline Bodies in the System
and their treatment with
SLACKSTONE II®
the natural solution
for preparing Dialytic Water

An exclusive method to increase the capability of water to dissolve crystalline bodies in the system.

by Daniel J. Yborra Quesada

Remove the Stones Out of your Way
1st Paperback Edition: March 1999 (Argentina)
2nd CD Edition: May 2000
3rd CD Edition: May 2000 (Central America)
4th CD Edition: May 2001 (Portugal)
5th CD Edition: September 2001
6th CD Edition: January 2003
7th Edition en Internet: March 2004
8th CD Edition: April 2004
9th CD Edition: May 2005 (Portuguese)
10th CD Edition: March 2008 (French)
11th CD Edition: June 2008 (Venezuela)
12th CD Edition: September 2008
14th CD Edition: January 2009 (Portuguese)
15th CD and Internet Edition: May 2011
16th CD and Internet Edition: October 2013
17th Internet Edition: December 2013 (French)
18th Internet Edition: March 2014 (Italian)
19th Internet Edition: March 2014 (Portuguese)
20th Pendrive and Internet Edition January 2016 (www.litiasis.com)
21th Internet Edition: June 2016 (English)

ISBN 84-605-8578-6
Depósito Legal: M.2.414-1999
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INTRODUCTION TO THE 21\textsuperscript{th} EDITION

One of the topics that has always concerned me in the 52 years I have been working in the pharmaceutical industry in the areas of marketing and training, is the treatment of \textit{Lithiasis} and the elimination of crystalline bodies in the system.

My first cause for concern is the great \textit{frequency} of this condition which poses a real social and economic problem.

Secondly, there’s the \textit{complexity} of its etiopathogenesis and in third place, the \textit{problems} it causes.

And lastly, the \textit{limited therapeutic stockpile available} to treat it by chemical means, although there has been considerable progress in the new extracorporeal shock wave lithotripsy techniques that apply ultrasound to break up the stones by implosion.

Aside from this, I believe that kidney transplants, the wonder of surgical techniques, are only the external and visible demonstration of the medicine’s limitations to prevent the integrity of this very important organ. While medical and therapeutic advances are great, they are not enough.

I wish to stress the importance of hydrating, cleaning and conditioning the \textit{skin}, at the level of regulating and cleansing the body as well as from the cosmetic point of view.

The skin is the largest organ of the human body that protects it from drying out and regulates its temperature. But it is also a store of nutrients and retains residues of metabolic processes. If the body malfunctions, the skin will be dirty and lose its freshness. It is also a shield against external agents such as pollution, ultraviolet rays from the sun, temperature changes, stress, lack of sleep, poor nutrition and ensuing faulty digestion. All these factors and many more contribute to accelerate the loss of skin’s health.

The need to constantly keep your skin clean and perfectly hydrated is very important for your health. But it is not only important for your health; it is also essential and vital for the treatments and systems that are applied in cosmetology to be effective.
Therefore, as individuals we are responsible for ourselves and must expand our knowledge to address personal aspects of our health. In a word, we need prevention.

We wish to make known (a work of missionaries) our SLACKSTONE II® System to prepare Dialytic Water. In spite of our material limitations, our greatest desire is to persuade the professionals responsible for the health of the population to incorporate it in their treatments.

Our starting point is water, also known as “the universal solvent”, in a simple, easy-to-use, inexpensive, harmless, non-invasive logical and contrasting physical process with no side effects or adverse interactions.

We have been helping people with our system for years (since 1966), always respecting the new trends. In the case of lithotripsy, this is an ideal adjuvant in the elimination of the stone fragments that remain after the process.

Finally, we wish to express our deep appreciation to all those interested in the SLACKSTONE II® System to prepare Dialytic Water. Together, we can all improve our health and well being.

Daniel J. Ybarra Quesada
Proprietor of the SLACKSTONE II® System
Note from the Author:

In the 1st Edition of this book (1999) I quoted a text in the introduction that influential persons in the pharmaceutical industry branded as “politically incorrect”, so I deleted it.

Now, as we celebrate the 50th Anniversary of the SLACKSTONE II® system to prepare Dialytic Water, I am including it again for the readers to decide if it was correct or not.

I wish to express a very personal argument that natural medicine, although it has existed since the dawn of humanity, is currently (1999) very popular.

When I read Eric Blair’s (George Orwell) book written in the year I was born – 1947- entitled “1984” I was very impressed that “Big Brother is watching you” was no longer true. But, why?

I always say that no one has been thrown in prison for asking, but for replying. I will dare to give an answer.

Nothing that Orwell had predicted had come true, in my opinion for the following reasons:

• The Korean War
• The Vietnam War
• French May 68
• The appearance of Thalidomide

All of which gave rise to the dissent, dissatisfaction, rebelliousness, etc. of the population, the rejection of law and rules of law and of their leaders, the hippie movement, drug abuse becoming “in”, grand-sounding slogans such as “Let’s be realistic, demand the impossible” or “Power to imagination”. Meanwhile, the pharmaceutical industry began to perform toxicity tests and serious clinical studies on drugs before they were used by the population.

All this (some things undoubtedly better than others, according to the different views) was increasingly interpreted as the desire to change our life styles for leisure, ecology, sports, natural foods and medication free of side effects.
We’re celebrating the 50th Anniversary of the introduction of the SLACKSTONE II® System to prepare Dialytic Water in the pharmaceutical market.

It seems it was just yesterday when Professor Villanueva (in charge of the Pharmacology Technical Center of the General Pharmacy in Majadahonda, Madrid), referring to the ampoule, pronounced: “this isn’t food, this isn’t a drug” and qualified it as a “Product for Medicinal Use”.¹

The decision that SLACKSTONE® wasn’t classified as a medicinal product also prevented it from being included in the request of the former National Insurance Institute and from being administered by the Insurance physicians.
Since then, we have been developing and testing our knowledge and that of Father Martín-Artajo to prove that this is a procedure based on physics (not on chemistry), non-invasive, simple and easy to use, inexpensive, painless and with the great advantage that it does not produce side-effects or adverse reactions or interactions. The patient only takes in H₂O (water), albeit modified in its physical structure.

What began as just a procedure to fight lithiasis (renal or hepatic) is now 50 years into a Physical Medicine System capable of effectively eliminating and/or preventing crystalline bodies from forming in the body, from classical kidney stones to micro-calcifications in cardiac tissue or synapses. In addition, **Dialytic Water** is an excellent purifying and hydrating element, which makes it an ideal adjuvant in the application of other therapies.

The fact is that the human body (and all living multi-cellular beings) is mainly made up of water, most of which is found in the cells. This is not the time to insist on the importance of water for the body and its systems to function properly, but parroting Tagore and referring to some prescribers, I would say "if you cry because the sun has gone out of your life, the branches of the medicine tree will prevent you from seeing other effective alternatives."

Furthermore, in the case of lithiasis, there is a limited therapeutic arsenal available for treatment.

Our gratitude to all the professionals and their patients who understand how our system works and have used it with satisfactory results (in most cases).

We’ve collected several advertisements from the year in which our System was created. Very few products have survived until today; most of them do not exist and are forgotten.

The same applies to medications. From that era, the only ones that have survived is aspirin and us.....

We are proud to have come this far.

Daniel J. Yborra Quesada
Proprieto of the **SLACKSTONE II® System**
to prepare **Dialytic Water**
My father, Antonio Yborra Martínez, who helped Father Martín-Artajo register his product in the Health Registry, told me this anecdote.
BIOGRAPHY OF FATHER MARTÍN-ARTAJO ALVAREZ, S.J.
(By Father Antonio M. Arroyo, S.J.)

José Ignacio Martín-Artajo Alvarez was born in Madrid on April 13, 1904.

He graduated from high school in Areneros in 1919 along with Fathers Abellán, Cobos and other illustrious people.

At the age of 21, he finished the career of Engineer in the I.C.A.I. and ranked second in his class. His classmates remembered him as a brilliant, intelligent, hard-working and easygoing student. He graduated in June of 1925 and that same year joined the Company of Jesus. His fellow novices and classmates unanimously agreed on his qualities as an example, his spirit of sacrifice, his ardent zeal, charity, honesty and kindness.

1927 to 1929: Juniorate; a talent for poetry and humanities.
1929 to 1931: Philosophy in Granada and Oña.
1931 to 1933: Coach in the Hogar Español (Spanish Home), Liege, Belgium
1934: Degree of Engineer in the Superior School of Electricity of Paris.
1934 to 1938: Theology. The first year in Marneff (Belgium) and the remaining three in Vallenburg (Holland) where he was ordained as a priest on June 24, 1937.

On November 28, 1939, when Father Martín-Artajo had just began teaching, Father Pérez del Pulgar died. But it wasn’t Father Martín-Artajo who picked up the pieces but Father Rafael, Doctor in Exact Sciences who picked up the pieces and then Father Mariño, a Road Engineer. His frustration became even greater when Father Doetch, a Mining Engineer and the first of his class, was practically in charge of the Electrical Engineering Department of the School. Since then, the destiny of Father Martín-Artajo was always to live among hurricanes and storms. His great personality as a leader had to occupy second place to dedicate himself to his Electrical Engineering Chair, and soon was also in charge of the Electrical Engineering Department, as he was unrivalled in that position.

1939 to 1971: Professor of Electrical Engineering in the I.C.A.I.
1945 to 1946: Professor of Electrical Engineering in the Naval Arms School of the Ministry of the Navy.

1966: Guest lecturer at the Latin American University of Mexico.
Fellow Member of the American Institute of Electrical Engineers.
Academician of the Academy of Doctors.
García Cabrerizo Technical Research Prize.


**TENURE:**

He was more attracted to pastoral ministry than to teaching.

Father Martín-Artajo was an early riser which allowed him to dedicate time every day to the confessional and also to study, a time which he employed with maximum efficiency due to his exceptional talent.

His mastery of French, English and German (an advantage over other researchers) allowed him to introduce advanced techniques in Spanish engineering and to publish many books and articles with the help of his best students.

Father Martín-Artajo’s classes were considered “brilliant” by the advanced students of Higher Engineering, “dazzling” by the students of Technical Engineering, and for all of them, his classes reflected a great scientific, religious and humane personality.

Everyone who knew him personally agrees that he had a truly exceptional talent.

**PUBLIC RELATIONS:**

Father Martín-Artajo was highly gifted in Public Relations compared (in my opinion and knowledge) with several Presidents of the great American universities (for example, Father Hesburh of Notre Dame comes to mind).

While the providentialist Orland was playing the lottery waiting for God to shower millions on his laboratory, the indefatigable Mariño created his Motors lab, not from scratch but out of old tubes, beams and wire; and while the scholar Rafael gained prestige for our School from his chair in the Royal Academy, the tireless Martín-Artajo travelled through Europe and America trying to convince people and companies that they should pour their resources into our institution.

He found resources for our library.
He modernized the Electrical Engineering, Materials Resistance, Machine Tools and Thermal and Hydraulic Machines laboratories with significant aid from the German Federal Republic.

He dreamed of acquiring the Barracks of the Count Duke to expand our classrooms and laboratories.

He designed and built the new Electrical Machines Laboratory.

The crowning moment of this illustrious Jesuit’s whirlwind activity was the creation of the American Hispanic Technological Fund (A.H.T.F.) where his brother Albert, then the Minister of Foreign Affairs, unconditionally supported his mammoth effort.

The front page of the daily YA displayed the title “Five million dollars for the Catholic Institute of Arts and Industry”. When the five million dollars were about to be cashed in during a banquet at the Waldorf-Astoria Hotel in New York, the Spanish Embassy in Washington did a 180-degree turnaround that caused the V.I.P’s of the American industry to renege on their commitment. Just the donation alone of machinery by Ford Motor Co. would have quadrupled the value of our workshops.

I had in my hands the shipping list of this machinery packed and stored in Detroit, which never left the country.

INVENTIONS:

This is not the time to make a critical assessment of his inventions. He focused on two of them in the last decade of his life in I.C.A.I.: the rotary engine and the SLACKSTONE II® ampoule to prepare Dialytic Water.

With great effort he managed to have his inventions patented in Germany, Great Britain, United States, France, Italy and Spain, and his dream was that the profits of his inventions would someday finance the I.C.A.I.

"In magnis et voluisse sat est”, said Sextus Propertius, and Lope de Vega (Spanish Baroque playwright, poet and novelist) in the comedy La Imperial de Otón stated: “It suffices to start things – when they are so great – that they are impossible to finish”.

Success did not crown his efforts and Father Martín-Artajo had to renounce to the glory of being the second director at the death of Father Pérez del Pulgar.

And so we arrive at the year 1981. His atherosclerosis was advancing slowly and his inventions suffered aches and pains, much like the scratched record that we mortals become at the end of our lives if God doesn’t take us with him beforehand.
During the last four years of his life in Alcalá de Henares, his mind involuted although his spirit did not. His eyes shined full of life until the end, revealing a great soul and complete resignation, along with the deep pain of failure before the final triumph of faith. He died in holiness on December 13, 1984.

A great man, the son of an exemplary Christian family, the pride of Areneros, the I.C.A.I and of the Company.

Antonio M. Arroyo, S.J.
What Father Martín-Artajo means to me  
(By Daniel J. Yborra Quesada)

I did not have the good fortune of knowing Father Martín-Artajo in the prime of his life but with the help of Padre Arroyo, I believe I am one of the people who knew him best. Father Martín-Artajo is present in my life every single day, and not only for manufacturing the SLACKSTONE II® System to prepare Dialytic Water that he created.

By applying his extensive knowledge of physics and knowing the consequences of the pathologies that cause crystalline bodies in the system (stones), Father Martín-Artajo invented a system that 50 years later continues to be a fundamental element in a field where 20% of renal pathologies are related to stones and their consequences, and continues to help many people in spite of the indifference of few.

It is not an aggressive (chemical) treatment but a logical and contrasted physical procedure, non-invasive, simple, inexpensive, painless and easy to use, with the advantage that it doesn’t cause side effects or interactions.

With his system, Father Martín-Artajo paved a new path, that of physical pharmacology, that today, well into the 21st century, has yet to be explored.

We are in the 21st century when for example, the generic pharmaceutical products (which were already talked about in Spain in 1973) and where their manufacturing is legislated since 2004, are not accepted by consumers and their marketing is difficult, all on account of the pressure groups.

Thus, an active ingredient such as Efornithine (essential for the sleeping sickness that has devastating effects in Central Africa) disappeared because manufacturing it “was not profitable as a drug”. Then a cosmetic application was discovered and it was used as an alternative in the consumer products market (to eliminate facial hair in women). Doctors without Borders managed to have its production resumed by pressure on the United Nations and WHO agencies, and it continues to be in use.

Now that (in the so called first world) it is more profitable to cure a cow (that produces enormous profits with its meat and milk) that to provide anti-retrovirals to AIDS patients in the third world, it is when we will have to stop being citizens to become consumers; and now I remember Father Martín-Artajo daily because I am just a man south of the south.
DEFINITION

The **UROLITHIASIS** or **URINARY LITHIASIS** is defined as the presence of calculi (stones, grit) or Crystalline clusters within the urinary tract, from the renal calyx to the urethra.

We are not including nephrocalcinosis, i.e., renal parenchymal calcifications.

**CHOLELITHIASIS** is defined as the presence of stones in the gallbladder.

The majority of gallstones are composed of **cholesterol** (96%) in the form of layers, **calcium salts** (3%), and **bilirubin** (1%).

**URIC ARTHROPATHY** (usually known as **GOUT**) is the accumulation of uric acid in the joints that crystallizes them.

**ATHEROSCLEROSIS** is the hardening of the arteries produced by several causes, mainly by the accumulation of cholesterol, which in many cases is accompanied by a calcification (accumulation of calcium deposits), which aggravates the consequences of this disease.

Anyhow, there may be calcifications or micro-calcifications in any part of the body: lymphatic system, joints, breasts, prostate, lymph nodes, heart muscle, tears, liver, mouth and gums, etc.

On the other hand, there are increasingly more mineral deposits in the body as a result of medication, food, pollution and injuries which makes depuration very important. This depuration, in the majority of cases, is vital for the application of other therapies and to make them more effective by increasing the receptivity of the body.
HISTORY

Wherever human remains are found, urinary concretions are found.

The oldest archeological find was made by Professor Stephen Dyson the University of Wesleyan (U.S.) when he discovered urinary calculi in an Egyptian mummy dated circa 2500 B.C.

Hippocrates was the first to mention the significance of lithiasis, the renal pain irradiating forward, grit in the urine and the diagnosis of kidney stones. In studying the complications, he insisted on the violent pains that increased with the prolonged pressure on the pyuria and hematuria. He recommended an active therapy including incision in the lumbar region.

Three centuries later, the work of Celsus marked an important stage in the history of lithiasis, indicating perineal “lithotomy” and incision in the bladder.

In the 7th century, after the fall of the Roman Empire, surgery, like other branches of Science, passed into the hands of the Arabs. Mohamed Rhazes studied the nature and composition of calculi and noted many types. He applied the first dietary rules and recommended the administration of diuretics.

Avicenna pursued the dissolution of stones in the bladder, listing a large number of substances, some complex and rare, such as glass ash, scorpion ashes, spongostone, etc.

In the Middle Ages, European physicians made great progress in the study of these diseases. The star of Spanish medicine of this era was Francisco Díaz, who published a Treaty of all diseases of the kidneys, bladder and urine in 1588.

The treatise attributes the cause of stones to “indisposition” and was the first to connect lithiasis with minerals. It provided dietary recommendations and advice for treating the “stone disease” with enemas, baths, mineral water, etc.

Travelling along the timeline, we come upon Johanna Stephen, an English woman who treated lithiasis with medications she prepared secretly and that became so popular that in 1739 that the Crown bought her formulas, which turned out to be a mixture of digestive plants and diuretics.

Until the end of the 19th century the study of the stone disease progressed very little in the therapeutic area.

As in many other fields of medicine, it was in the 20th century that the greatest progress has been made, especially in the clinical and diagnostic aspects of lithiasis.

Therapeutic advances include a panoply of a modern pharmacology of pain killers and spasmolytics as well as advanced surgery and the relatively recent incorporation of extracorporeal lithotripsy.
ETIOPATHOGENESIS

RENA LITHIASIS

The study is renal lithiasis is fascinating.

The classic concept viewed lithiasis as caused by the precipitation of salts which are normally dissolved in the urine.

The current study is broader. Lithiasis is considered as a local manifestation of certain general alterations of the body: metabolic, hormonal, inadequate diet, vitamin deficiencies or others.

Many studies have tried to explain the reasons why certain people tend to develop stones.

The typology related to lithiasis (Delaux) is still being debated, considering that urate stones are present in people with a “hot blooded” temperament while oxalates are present in people with a "bilious" temperament and phosphates appear in persons of a “nervous” temperament.

Lithiasis is also connected with systemic involvement (Baker and Conelly) similar to the group of collagen diseases. NSAIDs are used for this reason.

Considering the origin as one of the metabolic alterations, the defects in the metabolism of purines would fit in this frame, with an increase in the formation and excretion of uric acid.

We can also cite the defect in the production of colloids by the organism as a metabolic alteration related to the reticulate endothelial system. In people with a tendency to form calcium salt stones this would explain the least amount of colloidal calcium (that the body can assimilate) and the relative increase of (metallic) ionic calcium more prone to form insoluble salts.

Other factors such as malformations of the excretory organs of the kidneys, such as renal calices and papules (Selye), can favor the formation of lithiasis concretions by stasis phenomena.

From the pathogenic point of view, emphasis is placed on the role of the serum and urinary mucoproteins (Thomas) which are increased in lithiasis.

In the nephron, changes, alterations, condensation and super saturations of elements such as cellular material, macromolecules immobilized, plasma, etc. are initiated, which are the first step in the origin of nucleation, the precursor of crystallization and lithiasis.

In sum, there are a great many factors that influence the tendency of lithiasis phenomena to appear:

- Predisposing constitutional factors
- Metabolic factors
- Dietary factors
- Anatomic alterations
- Medicinal factors (used to treat other medical conditions)
CAUSES OF STONE FORMATION

KIDNEY STONES

Guyon’s classic theory in the pathogenic field is still standing, differentiating primary lithiasis (organic) from lithiasis (of the organ).

I.- PRIMARY LITHIASIS (Organic) due to alterations of the mineral or organic metabolism.

Predisposing factors:

HEREDITARY factors have a great effect although they are not constant. Cases of lithiasis are often present in the same family and several generations (especially uric and cystine lithiasis).

ARTHRTIC DIATHESIS. It is not unusual to see patients that at specific times of their lives present rheumatoid conditions, that produce lithiasis once they yield.

Certain DIETARY factors. Protein-rich diets, with hyperuricemia; or strict vegetarian diets that favor oxalic lithiasis.

Different foods produce different types of stones. The physician must determine which food causes the damage.

VITAMIN IMBALANCE. Especially, the lack of Vitamin A that produces keratinization of the urothelium. Experimental lithiasis has been induced in rats. Diets lacking Vitamin A or excessive doses of vitamin D.

Some MEDICATIONS. Such as alkali due to the formation of phosphates and carbonates; or some derived from sulfonamides that produce the elimination of crystals. Some destined to fight hyperglycemia or the arthritic manifestations of gout mobilize uric acid crystals and it’s common to see episodes of acute uric lithiasis in the first phases of treatment (allopurinol, colchicine)

ENVIRONMENTAL or SOCIAL factors, such as stress or fear in times of warfare or violence.

Certain METABOLIC ALTERATIONS with or without hormonal imbalance of calcium, oxalic and uric acid, cystine or xantine.

HYPERTHYROIDISM. Produces an increase in calcium and phosphorus in the urine that alters the colloidal balance and ensuing formation of precipitated salts.

a) Contributing causes:

Sustained INMOBILITY. For example, after major trauma or other long illnesses that difficult the emptying of the renal pelvis.

UROLOGICAL ALTERATIONS. OLIGURIA and ALBUMINURIA as well as remains of leukocytes or bacteria associated with an infection that tends to favor crystallization. Clots, in the case of hematuria can conform the initial core of a stone.
b) Formation mechanism:

There are several theories.

Some authors (such as Meckel) believe the stone is formed as a result of an enflamed endothelium, generally due to an infection in the renal pelvis where the albuminoid exudate would form the initial core.

Others are of the opinion that the precipitation of mineral salts happens first and that these crystals irritate the mucosa causing an increase of albumin and mucoproteins.

For Ebstein, the precipitation of organic (flaking, etc.) and inorganic (crystallized salts) substances is simultaneous.

Randall’s hypothesis seems more reasonable than these theories. This author proved that calcareous plaques are formed at the peak of the papilla which are released when they reach a certain size, thus dragging the epithelium.

The reason for these phenomena is the irreversible colloidal formation that drags the minerals salts along with it (urates, etc.)

When the balance of the colloid is altered, the salts it contains flocculate and precipitate.

Other important factors are the alterations of the urinary pH and metabolism of calcium and phosphorus.

Stones are formed by the nucleation of mineral crystals.

The connections of the crystals are electrical and everything is insoluble (the flakes and the connectors that produce the bonding).

Infection sets in the micro stones, more salts are deposited and the stone grows due to stratified attachment.

Nucleation must be avoided and dissolved for the stone to stop growing.

Concentrated (saturated) urine also produces micro-calcifications.

Specific mechanisms of the mineral coating:

On the already formed microlith, the mineral coat is formed by specific pathogenic factors according to their chemical composition.

**OXALIC coating**: By intake of foods high in oxalates (tomato, etc.) or the decreased intake of citrus, magnesium and vitamin B6.

**PHOSPHATE coating**: By variations in pH or urea.

**URIC coating**: Increase in protein intake, increase of endogenous synthesis of uric acid and diminished pH.

**CALCIC coating**: Increase in the intestinal absorption of calcium or high limitation and by mobilization of bone calcium.
II.- SECONDARY LITHIASIS (organ)

The most important pathogenic factors are:

- Obstruction
- Urinary stasis
- Infection
- Internal mechanisms, disintegration of urea by germs, etc.

BILIARY LITHIASIS

The gallbladder is a pear-shaped organ located under the liver. It is hollow and is able to contract. Normally it contains bile.

Liver cells produce daily between half and one liter of a secretion called bile. It looks like pale yellow oil. Bile is the digestive element that allows the fats we ingest with food to be absorbed. Despite being a waste product of the liver cells, bile plays an important role in digestion. Bile salts are able to digest fats more easily, turning them into small droplets.

The bile produced by liver cells is emptied into the biliary capillaries.

The main components of bile are bile salts (which are produced from cholesterol) and a pigment called bilirubin of a characteristic color.

Bilirubin is produced from the breakdown in hemoglobin. In addition to these two proteins, bile contains many other substances.

Bile plays an important role in aiding in the digestion of fats. Liver cells produce half a liter of bile a day. Until food is ingested, bile is stored in the gallbladder.

The gallbladder’s job is to concentrate bile and send it to the intestine.

The gallbladder receives information from the stomach and the intestine that fats are present. It immediately begins to contract, sending its contents to the intestine. Bile mixes with the food, conditioning it so that it can be absorbed and used as a source and storage of energy.

The bile duct is the passageway for bile to pass from the liver to the duodenum where it mixes with food being digested. The walls of the bile duct are gray on account of the bilirubin.

Occasionally, solid clumps form inside the gallbladder called gallbladder stones. These stones lodged in the bile duct produce intense pain. Bile pigments flow incorrectly back to the blood, and in some cases cause jaundice. A diet rich in animal products, and therefore cholesterol, is closely associated with the formation of gallbladder stones although their causes are unknown. Nevertheless, the formation of these stones is representative of modern lifestyle and closely linked to our diet.
TIPES AND COMPOSITION OF STONES

**KIDNEY STONES**

The large majority of the stones are produced by the formation of aggregates of mineral calcium salts (non colloid).

These salts accumulate one on top of the other, generally resulting in larger or smaller, very hard stones depending on the age of the stone and the amount of salts eliminated in the urine.

The following table shows the frequency of the different salts found in a recent study in Spain:

<table>
<thead>
<tr>
<th>Sal type</th>
<th>Frequency (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>OXALATE</td>
<td>45%</td>
</tr>
<tr>
<td>URATE</td>
<td>37%</td>
</tr>
<tr>
<td>PHOSPHATE</td>
<td>16%</td>
</tr>
<tr>
<td>CARBONATE</td>
<td>2%</td>
</tr>
</tbody>
</table>

**MOST COMMON CRYSTALLINE COMPONENTS IN KIDNEY STONES**

<table>
<thead>
<tr>
<th>Chemical Name</th>
<th>Mineral Name</th>
<th>Chemical Formula</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calcium oxalate monohydrate</td>
<td>Whewellite</td>
<td>CaC$_2$O$_4$.H$_2$O</td>
</tr>
<tr>
<td>Calcium oxalate dihydrate</td>
<td>Weddellite</td>
<td>CaC$_2$O$_4$.2H$_2$O</td>
</tr>
<tr>
<td>Tricalcium phosphate</td>
<td>Apatite</td>
<td>Ca$_3$(PO$_4$)$_2$</td>
</tr>
<tr>
<td>Penta calcium hydroxyphosphate</td>
<td>Hydroxyapatite</td>
<td>Ca$_5$(PO$_4$)$_3$OH</td>
</tr>
<tr>
<td>Calcium hydrogen phosphate</td>
<td>Brushite</td>
<td>CaHPO$_4$.2H$_2$O</td>
</tr>
<tr>
<td>Uric acid</td>
<td>Uricite</td>
<td>C$_5$H$_4$N$_4$O$_3$.2H$_2$O</td>
</tr>
<tr>
<td>Cystine</td>
<td></td>
<td>C$<em>6$H$</em>{12}$N$_2$O$_4$S$_2$</td>
</tr>
<tr>
<td>Magnesium ammonium phosphate</td>
<td>Estruvite</td>
<td>MgNH$_4$PO$_4$.6H$_2$O</td>
</tr>
<tr>
<td>Beta tricalcium phosphate</td>
<td>Whitlockite</td>
<td>B-Ca$_3$(PO$_4$)$_2$</td>
</tr>
<tr>
<td>Monosodium Urate Monohydrate</td>
<td></td>
<td>NaC$_3$H$_5$N$_2$O$_3$.H$_2$O</td>
</tr>
<tr>
<td>Xantine</td>
<td></td>
<td>C$_3$H$_7$N$_5$O$_2$</td>
</tr>
</tbody>
</table>
GALLONES

**CHOLESTEROL STONES**: These stones are usually solitary. They are produced by a disturbance in fat digestion.

**PIGMENT STONES**: They rarely appear, but in large quantities. They are produced by certain blood diseases that destroy red blood cells and release the pigment they contain. Red blood cells are broken down in the liver and secreted in the bile. They consist mainly of calcium bilirubinate and are associated with repeated kidney infections.

**MIXED STONES**: The most common gallstone. It consists of cholesterol (96%), calcium (3%) and bilirubin (1%).

Gallstones are solid particles, precipitated and insoluble in bile.

They are formed primarily with components of bile (cholesterol and/or bilirubin). Their saturation produces nucleation, which is the initial crystallization process of cholesterol, bile salts and calcium. From there the stones are formed.

They can be as small as grains of sand (biliary sludge) or as large as a golf ball. They are located in the gallbladder or bile ducts.
RELATIONSHIP BETWEEN LITHIASIS, HYPERLIPIDAEMIA AND OBESITY

OBESITY AND LITHIASIS

<table>
<thead>
<tr>
<th>URIC ACID LITHIASIS</th>
<th>OTHER LITHIASIS</th>
</tr>
</thead>
<tbody>
<tr>
<td>87%</td>
<td>Obese</td>
</tr>
<tr>
<td>13%</td>
<td>Nonobese</td>
</tr>
</tbody>
</table>

Obese: 9%  Nonobese: 91%

HYPERLIPIDEMIA AND LITHIASIS

<table>
<thead>
<tr>
<th>HYPERLIPIDAEMIA</th>
<th>URIC LITHIASIS</th>
<th>OTHER LITHIASIS</th>
<th>TOTAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Increased cholesterol</td>
<td>12%</td>
<td>4%</td>
<td>6%</td>
</tr>
<tr>
<td>Increased triglycerides</td>
<td>9%</td>
<td>3%</td>
<td>12%</td>
</tr>
<tr>
<td>Total Hyperlipidemia</td>
<td>16%</td>
<td>8%</td>
<td>24%</td>
</tr>
<tr>
<td>Normolipemic</td>
<td>23%</td>
<td>53%</td>
<td>76%</td>
</tr>
</tbody>
</table>
EPIDEMIOLOGY

KIDNEY STONES

Frequency:
In France stones occur in 1% of the population (Hamburguer).
In the UK the frequency is 3%.
In Spain approximately 3% (1.4 million inhabitants).

This figure is close to the latest data of prescriptions in our country, which places urolithiasis at 19% of kidney diseases, and whose population at risk is 20% of the total population. That is, in Spain there are more than 1,750,000 people with kidney stones.

Age:
It occurs mainly between 30 and 50 years. Lithiasis is less common in children and rare in old age.

Gender:
More common in men than in women by a ratio of 4 to 3. (The Spanish figures vary slightly, more female incidence).
The uric acid stones are more common than calcium stones in males.

Geographical distribution:
Ethnic, climatic and telluric factors are observed. Thus, it is most common in Arab countries and India, and more rare in tropical countries.

Profession:
Stones are found most often in sedentary occupations, but also in miners and those who remain standing for a long time.

Heredity:
A recent study (Burch and Dawson) affirms that lithiasis is genetically predetermined by factors other than heredity.
**GALLSTONES**

Regarding **COLELITHIASIS:**

- It is a common digestive disease.
- There is prevalence of females (5x) especially in obese women.
- 20% of the Spanish population is affected.
- It is most common in the US and Latin America (food-related)

**GOUT**

There is a close relationship and similarity between the patients of "stone disease" (in the urinary tract) and patients with "gout", so that it is very common to find people with gout who have stones in the urinary tract and patients with urinary stones that occasionally suffer gout attacks.

**ATHEROSCLEROSIS**

Atherosclerosis is a complex problem in which minerals play a minor role. There are much more important factors: HDL and LDL cholesterol and its oxidation state, plasma lipids, genetic, hormonal factors, exercise, etc.

Dietary cholesterol has little importance, since the cholesterol that is synthesized by the influence of the calories and saturated fatty acids is about ten times higher.

Clogged arteries or atheromas are mainly composed of lipoproteins. The deposits of calcium salts harden the arteries.

The use of **Dialytic Water**, which facilitates the dissolution and removal of these salts is an additional contributing factor with other pharmacological and dietary measures in preventing and correcting this serious disease.

**Dialytic Water** allows the great universal solvent that is **water** to be more efficient.
EPIDEMIOLOGICAL CONCLUSIONS

KIDNEY STONES

From the epidemiological studies in Spain, it follows:

• 19% Morbidity of kidney diseases.
• Prevalence of women.
• Increased prevalence by age:
  Female: 20-40 years.
  Male: 40-60 years.
• Many cases (40%) are linked to a rheumatoid condition (arthritic diathesis).
• Increased incidence in areas with high protein food (meat).
• In areas of mixed nutrition (meat-vegetable), predominance of oxalate stones.
• Correlation: Obesity / hyperlipaemia / uric stones.
• A certain relationship between the type of water (hardness) and calcium stones.

GALLSTONES

Gallstone disease is primarily a metabolic disease. Its pathogenesis mainly develops as follows:

It starts (nucleation) with a defect in the secretion of bile lipids of which the result is biliary cholesterol oversaturation, resulting in a chemically unstable solution.

Then, the precipitation of cholesterol crystals is produced.

Finally, cholesterol crystals are associated with other components of bile (mucin, bilirubin, calcium) that through aggregation and growth form microscopic biliary stones.

In older people, bile duct stones can also be present and comprise up to 20% of patients over 65 with kidney stones.

The common bile duct lithiasis begins by a migration of small gallstones in the gallbladder (where they originated) to the common bile duct, where they continue to grow.
We will not expand on the description of the clinical aspect of acute gallstones. It is sufficient to refer that it is characterized by these core symptoms:

CONTINUOUS AND ANNOYING PAIN, TYPICAL LOCATION. It is said to be the greatest organic pain. The stone pressures the urine and embeds itself more. It is a reflex pain.

REFLEX COLOIC MANIFESTATIONS. Nausea, intestinal paralysis, anuria or urinary frequency. HEMATURIA due a mechanical cause.

The edges and crystalline peaks cut the mucosa causing it to bleed.

The DIAGNOSIS does not usually describe excessive complications.

First, the size and position of the stone as well the existence of kidney malformations must be known by scanning, radiology or ultrasound.

The analysis is oriented towards the nature and origin of the stone. Also, it is necessary to understand the kidney function (urea, creatinine, albumin, pH) and verify the occurring infection.

PROGNOSIS depends on the size and number of stones, their unilateralism or bilateralism, location and mobility, condition of the affected kidney and urinary tract infection. In most cases it is benign, but it can be serious if renal function is impaired (hydronephrosis).

The most significant COMPLICATIONS include:

- Hydronephrosis.
- Obstructive Anuria (bilateral).
- Kidney or urethral rupture.
- Perinephric abscess.
- Pyelonephrosis.

It can be said that the most common complication is infection, which is related to 50% of the cases of kidney stones.
TREATMENT

(We will refer mainly to **RENAL LITHIASIS**)

Due to the complexity of the factors influencing the formation of the stone, it is impossible to establish a single therapeutic scheme.

For the stone that is already formed, the most urgent action is to treat the symptoms of acute renal colic, which we assume are well known and that can be summarized as follows:

- **PAIN**, consisting of urethral spasm and inflammation of the mucosa, is treated with a combination of pain killers and spasmyotics. In exceptional cases it is necessary to resort to opiates. Prolonged hot water baths and the application of local heat are very useful as coadjuvant therapies.

- The **NAUSEA AND VOMITING** that often accompanies the condition are usually treated with antiemetics (metoclopramide).

- **ANXIETY** and **AGITATION** are treated with diazepam which also has a muscle relaxant effect.

- The **ILEUS REFLEX** that is sometimes present may be improved with an antispasmodic, but its prolonged administration beyond period is not recommended.

- In case of profuse **HAEMATURY**, hemostatics and local cold can be applied.

- In the presence of **ANURIA**, the first step is to restore the hydro-electrolyte balance.

Once we have overviewed, however brief, the treatment of renal colic, we can study the basic treatment of kidney stones, which is divided as follows in a chronological and emergency order:

- **MEDICAL - EXPULSION**
- **SURGICAL - INSTRUMENTAL**
- **PREVENTIVE AND METABOLIC**

**MEDICAL – EXPULSION**

**URIC ACID LITHIASIS:***

It should be considered as a metabolic treatment in the presence of urinary pH between 4.8 and 5.4, so that urine alkalization is basic. This is achieved with sodium or potassium bicarbonate, and sodium or potassium nitrate, with a dose of 3 g/day.

Other alkalizing agents are pipera granulate and lithium salts.

The medication should be prescribed indefinitely because if it is interrupted, urinary pH will soon decrease.

Urine alkalization should be accompanied by a vegetarian diet or a diet very poor in protein, with the ingestion of alkaline, mineral or soda drinks.

Potassium salts are used instead of sodium salts in hypertensive patients.
**OXALATE LITHIASIS:**

It is the most common condition. As a general treatment the following can be considered:

- Reduce the intake of foods high in oxalates.
- Block the synthesis of oxalic acid (succinimide) in doses of 3 grams every 8 hours.
- Increase the solubility of the oxalate by magnesium ions. Chloride (MgCl₂) is acidifying and oxide (MgO) is alkalizing.
- Administer vitamin B6 as it may be absent from the diet of these patients.
- Restrict carbohydrates and fats as a possible endogenous source of oxalic oxide.
- Control urinary calcium with diuretics or phosphate cellulose.

**PHOSPHATE LITHIASIS:**

It is the most difficult lithiasis to treat because:

- The rate of stone formation is very high.
- It is impossible to completely sterilize the urine.
- The formation of a stone has a 60% organic component which cannot be hydrolyzed.
- There is an intense inflammatory infectious relationship.

Calciuria (urinary calcium) increases as a result of infection.

In this type of lithiasis, surgery may be inevitable.

Medical treatment after removal of the stone consists of:

- A diet low in calcium.
- A low caloric intake.
- Acidification of urine (ammonium chloride 8.10 g/day). Citric acid (acerola and citrus) is not advisable, since, although it acts as an acidifying agent, it is a precursor of urinary oxalate.

**CYSTINE LITHIASIS:**

It is genetic. The treatment is based on:

- Increased diuresis.
- Alkalization of urine.
- Reduction of foods rich in methionine and cysteine.

In all cases of urolithiasis the use of **Dialytic Water** is helpful and recommended which we'll refer to later because it significantly increases the solubilizing effect of urine.

Urine has a more diluting effect if it is diluted, but if it is concentrated it favors the increase of crystallization and urolithiasis.

**Dialytic Water** exerts a direct action on the crystals of the stones to facilitate their expulsion.
**SURGICAL – INSTRUMENTAL**

We will briefly refer to this because it is not the main subject of our discussion. The most commonly used systems are:

- **Surgery**
- **Direct / Endoscopy Litholysis (with Zeiis or Dormia probes)**
- **Lithotripsy**
- **Laparoscopy**

**Lithotripsy** has achieved a great popularity since its appearance, but we must note that an acute colic usually occurs after stone fragmentation with its known consequences, and that only a third of the stones are subsidiaries of this method for various causes (stone location, other existing conditions, etc.).

**Laparoscopic** surgery can remove the gallbladder by making four small holes in the abdomen. A tube equipped with a camera is inserted in one hole, and through the others instruments are inserted that inflate the abdominal cavity, dissect the gallbladder and, once free, remove it inside a bag through one of the holes. The patient can go home in a couple of days.

According to the Surgery Service of the Clinical Hospital of Barcelona, it has been proven that the most appropriate treatment is to first remove the gallstones by endoscopy (inserting a flexible tube through the mouth) and a few days later remove the gallbladder laparoscopically.

**PREVENTIVE – METABOLIC**

**COMMON RULES FOR ALL TYPES OF NEPHROLITHIASIS**

1.- **General hygienic measures:**

- Avoid a sedentary lifestyle and stress.
- Avoid excessively hot or cold climates, which difficult renal blood flow or produce excessive loss of water.
- Balneotherapy (bath therapy) and thermotherapy are recommended.

2.- **To increase diuresis:**

According to the laws of simple solubility, the greater the amount of urine produced, the lower the precipitation of insoluble salts.

It is necessary to increase daily water intake, especially at night, because at night there is a physiological increase in urinary density.

You may drink mineral water, of which Spain has an enormous wealth of springs, and which according to their composition are better suited according to the type of gallstones.
Bicarbonate-calcic waters: Alhama de Aragón (Zaragoza), Alhama y Lanjarón (Granada), Canena (Jaén), Solan de Cabras (Cuenca), etc., are the most recommended for uric lithiasis.

Bicarbonate-sodic waters: Santa Coloma de Farners (Girona), Baños de Molgas (Ourense), etc., for calcium stones.

The large number of medicinal mineral waters that exist in our country prevents us from listing them all, but all are good for one type or another of stones, except the water that is very rich in calcium salts.

3.- **Balanced Diet:**
In general, the best choice is a normal caloric, low fat, protein diet with no excess sugars.
Avoid excess weight.
Alcoholic beverages are also to be avoided.

4.- **Eradicate infection:**
The role of infection in the etiology and the consequent complication of renal lithiasis is unquestionable.
The frequency of urosepsis varies depending on urinary pH.
A urine culture should be performed to identify the germ, as well as sensitivity testing, whenever possible.
Antibiotics as specific as possible will be used to prevent the destruction of bacterial flora.

5.- **Surgically remove the obstructive causes:**
It does not require further comment.

6.- **To monitor and correct the urinary pH:**
From the prophylactic point of view, pH should be between 6 and 6,5.
In phosphate stones, the pH should be below 6,2 and in uric acid and cysteine stones the pH should be below 6,5.

7.- **Other medicinal aspects:**
Vitamins B₆ and C. (Vitamin A appears controversial).
Certain oil-etheric substances rich in terpenes, such as the derivatives of Rubia, have diuretic effects.
A great variety of Medicinal Plants produce known diuretic effects, and others plants have spasmolytic effects.
**Use of Dialytic Water.**
**BILIAR LITHIASIS (GALLSTONES)**

Most gallstones do not cause symptoms (80%). If symptoms occur, the most common symptom is pain in the upper right quadrant of the abdomen, which worsens after meals. Other symptoms include gas, indigestion (bloating), nausea and vomiting. In severe cases, there may be fever.

The most common complications are:
- Acute or chronic gallbladder inflammation (cholecystitis)
- Gallbladder infection
- Obstruction of the bile duct

In extreme cases, it can cause pancreatitis.

Healthy patients do not require treatment, but prevention is very important.
IMAGES OF STONES
Image of a stone obtained by a scanning electron microscope. The original black and white image has been artificially colored to obtain a higher contrast.
WATER

- Life depends on water.
- Water is essential to all life forms.
- Water is the universal solvent.
- The normal in the water is its abnormality.

Throughout history and the different cultures, water has had various mystical meanings. It has been the focus of many philosophical essays (such as Thales and Heraclitus).

It is an essential element in different religions (Tao, Christianity).

Formerly, it was considered one of the four elements, but eighteenth-century chemists proved that water is a compound of hydrogen and oxygen.

Although water has been and remains the main subject of many scientific researches, its true essence has not been discovered yet.

For biologists, water is the mother of evolution, the matrix of life. They even go as far as to say that water is the fundamental substance for the biological production of energy from the earth (photosynthesis),

$$2\text{H}_2\text{O} \rightarrow \text{O}_2 + 4\text{H}^+ + 4\text{e}^-$$

which comes from the radiation of the sun's energy. Without this process, life would be impossible.

For physicists, the driving force of life is the gradual loss of energy of electrons caused by metabolic processes, during which electrons with a high energy charge originating from the photosynthetic reaction, at one time achieve their state of lower energy. One of the most common outcomes of this process is water.
For chemists, water is the last oxidized material; water cannot undergo further oxidation; it may be considered as the final state in the reactions of life systems.

If a chemist comes upon this substance for the first time, he or she would refer to it as dihydrogen oxide, a term that lacks the pleasant connotations of the word water, a clear and pure liquid that calms our thirst, refreshes and cleans us, and keeps the forests green and the wheat fields golden.

The continued interest in water has resulted in the emergence of an entire group of "water sciences", for example:

- Meteorology
- Hydrology (surface and groundwater)
- Limnology (freshwater biology)
- Oceanography
- Marine Biology

Water is odorless, tasteless, colorless in small quantities and greenish in large masses.

It is a poor conductor of heat and electricity.

**Water refracts light.**

**It dissolves many substances.**

It consists of HYDROGEN (11′19 parts by weight and 2 by volume) and OXYGEN (88′81 parts by weight and 1 by volume).

When it is decomposed by an electric current (electrolysis of water) the mixture of H and O is triggered.

Water is obtained by distillation.
WATER ON EARTH

We believe that Earth is the only place in the solar system where water is found in its three forms: gas (water vapor), liquid, and solid (ice). Freezing floats and preserves life in deeper waters, saves the life in the seas, rivers and lakes.

Although it is difficult to calculate precisely how much water exists on our planet, the most reliable sources suggest that there are 1,360 million cubic kilometers.

Water covers 70% of the earth’s surface.

It is composed of:

<table>
<thead>
<tr>
<th>97.3 % of Salt water</th>
<th>2.7 % of Fresh water</th>
</tr>
</thead>
<tbody>
<tr>
<td>It contains 35% salts:</td>
<td>Rivers, lakes and superficial wet areas............................0.03%</td>
</tr>
<tr>
<td>Na Cl (Sodium chloride) ..................68%</td>
<td>Mg Cl₂ (Magnesium chloride)........... 14%</td>
</tr>
<tr>
<td>Mg Cl₂ (Magnesium chloride) ............ 14%</td>
<td>Groundwater..........................0.77%</td>
</tr>
<tr>
<td>Other salts............................ .... 18%</td>
<td>Ice (poles and glaciers)..................1.90%</td>
</tr>
</tbody>
</table>

Fresh water is used:
- 73% in Agriculture
- 21% in Industry and Mining
- 6% for human consumption

Water for human consumption is used:
- 70% in bathing and personal grooming
- 20% in cleaning and laundry
- 10% in food preparation

It is in this section (human consumption) where we can significantly conserve water if we change our habits.

The O.N.U recommends 75 liters of water consumption as the acceptable minimum per person. This amount is distributed for drinking, food preparation, personal hygiene, laundry and house cleaning, etc.

The water poverty threshold is set at less than 50 liters / day.
WATER IN THE HUMAN BODY

65% of our body weight and 90% of the human brain is made up of water, with a saline content of 0.9%. Bones contain 30% water.

This is equivalent to 45 liters of water that is found inside the cells (intracellular water) or outside the cells (extracellular water). In this case, it can be part of the interstitial fluid that coats the cells or of the circulating fluids, especially blood plasma.

**Intracellular water** makes up 50% of the lean body mass (about 25 liters) and **extracellular water** 20% (about 16 liters), a percentage that is divided between the interstitial fluid (15%) and circulating fluid (5%).

Between the two compartments of water in the body there is a continuous exchange whose balance is influenced, among other factors, by the variations of pH and the difference in the osmotic pressure of the cellular membrane.

The daily loss of water in the body depends on physiological and environmental factors, among others, and its average value is approximately 2,600 cm$^3$, distributed among urine (1200 cm$^3$), feces (200 cm$^3$), sweat (360 cm$^3$) and breathing (840 cm$^3$).

The water lost is obtained from our diet: one part is ingested directly and the other comes from metabolized food: the metabolic processes supply energy by oxidation and produce carbon dioxide (CO$_2$) and water. An adult person weighing 70 kg can obtain approximately 300 cm$^3$ of water per day in this manner.

Thus, taking into account these losses, the volume of water that must be ingested directly or obtained from the water contained in food is 2,300 cm$^3$ (or, 2,600 less 300 cm$^3$). In children, the balance of liquid is more delicate and dehydration (water deficiency in the body) can occur frequently.

Thirst is the main mechanism by which the body regulates the level of water required by the body, and the **kidney** is the organ in charge of preserving the water balance by reducing or increasing the amount of water eliminated through the urine.

Water in its natural state is not pure, but carries dissolved mineral elements that are essential for the proper functioning of the body, and especially of the cells (sodium, potassium, calcium and magnesium mineral salts are the most important); therefore, the alteration of the water balance is closely related to the alteration of the saline balance.

Water deficiency in the body or simple or primary dehydration rarely occurs; on the hand, secondary dehydration (the deficiency of water and salts in the body) is more common and appears as a result of severe diarrhea, vomiting, fever and morbid conditions where there is a remarkable loss of water through urine, etc.

On the other hand, water retention in the body or over-hydration results from the intake of a greater amount of water than the amount expelled: this occurs during growth, pregnancy and convalescence in certain people who have a tendency to retain water. However, because water lacks caloric value, the weight gain experienced by the individual is not made up of fat in the true sense of the word.
Other disorders of water metabolism refer to the pH (acidosis, alkalosis) and the ionic balance of elements such as calcium, magnesium, phosphorus, sodium, etc.

Physiology discovered the importance of water in vital processes as a solvent of the carbon compounds that make up the chemical substances which are the foundation of life.

The majority of biochemical reactions can only be produced in water solutions. This means that water is able to transport dissolved substances through the different parts of the body such as blood, for example, which is water-based.

**Water** is the most important molecule of all the molecules of life.

The functions of **water** in the body have an equivalent outside of it. The **water** we drink and with which we bathe is a solvent, although it also eliminates our waste.
What is Dialytic Water used for?

In the introduction of his invention patent, Father José Ignacio Martín-Artajo, S.J., the inventor of the SLACKSTONE II® System to prepare Dialytic Water, stated the following:

“A system of physical-molecular action for the preventive and curative treatment of renal, biliar and cardiovascular lithiasis produced in the human body by deficiencies of calcium metabolism. It is based on natural components and properties of the solid state of matter, in particular of the crystalline state.”

After 50 years of successful experiences, we can now state that:

“Dialytic Water specifically eliminates and/or prevents the formation of crystalline bodies in the organism (all kinds of stone, grit, micro-crystals, etc.) of all types of minerals and anywhere in the body. It also acts as an effective purifier.”

This belongs to physical (non-chemical) pharmacology and is a logical and proven physical procedure which is non-invasive, simple, inexpensive, painless and easy to use and has the great advantage that it does not produce side effects or interactions.

Our system is based on water, called the “universal solvent” because it is the fluid that dissolves the most substances. We greatly boost the water solvent effect to reverse the crystallization process.

In the human body there are crystalline bodies, such as:

- Kidney stones
- Gallbladder stones
- Uric acid calculi (gout)
- Calcification of the arteries (atherosclerosis)
- Post-lithotripsy residues and fragments

These are probably the most common and spectacular because the majority of the population (20%) is affected by them.

However, there are calcifications or micro-calcifications in many other parts of the body, such as:

- Lymphatic system
- Joints
- Breasts
- Prostate
- Lymph nodes
- Cardiac muscle
- Tears
- Liver
- Mouth and teeth
- Etc.

There are increasingly more mineral deposits in the body as a result of medication, food, pollution and injuries, which makes purification very important. This is, in the majority of cases, vital in applying other therapies and making them more effective and responsive.
In this regard, we recommend reading the article in Discovery Health magazine, *Is distilled water better than mineral water?*, in which it literally states:

“There is only one way to prevent this problem: remove the inorganic minerals. How? By drinking demineralized water, preferably distilled. And if urged, transforming it into Dialytic Water. We’re referring to the method invented by the Spanish priest José Ignacio Martín-Artajo.”
“You’re not sick, you’re thirsty.”

Blood banks feature an advertising slogan that says: “A drop of blood can save a life”.

What if that drop were water?

Water is simple, insignificant and (apparently) free. It is tasteless, colorless and is made up of just two hydrogen atoms and one of oxygen, but .... Did you know that 65% of your body and 90% of your brain is made up of water?

Perhaps we do not realize that water, or the body’s requirement of it, is of great importance.

When we are dehydrated, the body reacts by increasing the production of the neurotransmitter histamine in order to regulate the amount of water available. If there is an excess of histamine in the body (which can be easily evidenced by a test) we must drink water to lower it. If on the contrary, we take antihistamines uncontrolledly, in addition to not addressing the cause, they could produce very serious side effects.

Whoever believes that not being thirsty means that the body has fulfilled its water requirements could be wrong.

Water is used to dissolve the food we eat and causes its nutrients to be correctly absorbed by the intestine. The less water there is, the harder the body has to work to process nutrients efficiently.

Nutrients, as well as oxygen, must be transported to the vital organs for them to function correctly.

This transportation slows down when there isn’t enough water, and worse, the nutrients arrive in a state that they cannot be efficiently used by the body. In some cases, they are not even metabolized and are eliminated directly, unused.

The body needs to keep an adequate temperature and humidity level to function correctly, for which water is essential; the body also needs water to repair tissue.

Residues must be removed to transport them to the organs in charge of eliminating them.

Why is it that, unconsciously, we do not associate the lack of water with migraines, allergies, diarrhea, constipation, excess weight, depressions, etc.?

Water contains substances that enrich it and are vital for the correct functioning of the body.

We must distinguish water from liquids. Sodas, juices, tea, alcohol, etc, are not water, they’re liquids.
Dialytic Water in Lithiasis

The concentration of body fluids favors nucleation and consequently, crystallization and lithiasis. Dialytic Water increases the efficiency of water, the great universal solvent, by improving and boosting its existing solubility.

At the renal level, Dialytic Water is able to:

- Break up existing small stones.
- Eliminate the superficial and defenseless coats of stones, such as vertices and edges, resulting in their expulsion.
- Divide the large stones, transforming them into smaller ones, then into grit that can be expelled without significant pain.
- Free the endothelium cells that cover the urinary ducts from the microscopic calcium salts deposits, thus preventing them from losing elasticity and the stones from growing.
- Increase the solubility of mineral salts flowing through blood and urine, especially the calcium salts, preventing them from precipitating and forming new stones or increasing the thickness of the existing stones.

Dialytic Water reverts the crystallization process which is the formation mechanism of the crystalline bodies and therefore of lithiasis.

The intake of Dialytic Water is recommended whenever it is necessary to eliminate and/or prevent the formation of crystalline bodies in the system.

Although Dialytic Water is effective on its own (mainly at kidney level), in the light of the experiences and results obtained since 1966, we recommend that it be used as an excellent adjuvant of other treatments or therapies, which is possible in all cases due to its exclusively physical, not chemical, action, thus avoiding interactions and side effects.

The SLACKSTONE II® System to prepare Dialytic Water is not an aggressive (chemical) treatment but a logical and proven physical procedure which is non-invasive, simple, inexpensive, painless and easy to use, with the advantage that it does not produce side effects or interactions.
APPLICATIONS

• **KIDNEY STONES**

  Preventive treatment in patients with a history of renal lithiasis, either by urates such as calcium salts (oxalate, carbonate, phosphate, etc.)

  Favors and encourages water intake which is the therapeutic basis for lithiasis, for the purpose of increasing diuresis.

• **GALLSTONES**

  Gallstones are usually composed of layers of cholesterol, calcium and bilirubin. *Dialytic Water* acts by dissolving the calcium salts, which when disappearing makes existing stones gelatinous and soft, therefore less harmful, thus facilitating and making the treatment more effective in the elimination of cholesterol by other means.

  Sometimes it acts in the same way with the uncomfortable “grit” that accompanies gallstones, making it more fluid and facilitating its expulsion through the bile ducts. Sometimes the biliary grit is very thick and *Dialytic Water* cannot fluidize it, therefore the physician should prescribe a product to treat this.

  We must keep in mind that the gallbladder is like a pit of stagnant water and that biliary grit removal is often very complicated, which is why we provide information on the characteristics and general information of our System, but please bear in mind that this information is not intended to replace treatment or to encourage self-medication. Always consult your physician or health specialist who is familiar with the state of your health and is qualified to prescribe medications.

• **GOUT OR URIC ARTHOPATHY**

  *Dialytic Water* acts by dissolving the uric acid micro-crystals or preventing their formation, which is an advantage in the treatment of gout.

  However, it must be noted that it does not act on the levels of uric acid, which must be treated by other means.

• **PREVENTION OF CALCIUM DEPOSITS IN ARTERIES (Atherosclerosis, Atheroma)**

  *Dialytic Water* dissolves calcium deposits causing the arteries to recover their elasticity, thus facilitating the elimination of cholesterol by other means.

  We recommend that you include the intake of *Dialytic Water* in your daily habits when lithiasis (of any type) exists or there is a history thereof, and we dare tell you that "You’re not sick, you’re thirsty."
THE PURIFICATION PROCESS

*Dialytic Water* sweeps and removes mineral residues from the whole body. Its application in other treatments or therapies (acupuncture, homeopathy, kinesiology, rheumatology, etc.) renders them more effective and receptive.

Our aim is to offer patients a better quality of life in addition to promoting the effectiveness of the metabolic processes in a cleaner body.

The intake of *Dialytic Water* by bodybuilders and athletes is proven to improve their performance. Athletes tend to ingest great amounts of protein in their diet, which in turn increase their levels of uric acid (which has to be treated by other means). The routine inclusion of *Dialytic Water* in their diets has impeded the crystallization of uric acid in their joints and muscles, thus promoting their normal physical training.

Today there are many diseases that require we take a large quantity of medications which significantly increase the amount of mineral residues in our bodies. An example is the treatment for HIV-AIDS- It goes without saying that *Dialytic Water* cannot cure this terrible disease, but it can help by purifying the body and making AIDS treatment more responsive and effective.

The same also happens with processed foods that have increasingly more additives that are transformed into minerals. Each day there are more cases of children with stones, mainly due to the intake of industrial food.

There are other cases, some exceptional, where the presence of crystalline bodies may be annoying or disruptive and in which *Dialytic Water* is also effective, such as the micro crystals in the lymphatic system or excessive calcium in tears. Many micro-calcifications, some annoying and often painful, may form in the body.
Inmobilized persons, due to long-term postoperative processes or unfortunate, irreversible accidents (such as para- and tetraplegics) tend to have an increased crystalline residue that often leads to lithiasic problems. The use of *Dialytic Water* has improved their quality of life.

In rheumatic and arthritic processes, the elimination of microscopic residues mitigates the pain, and as we have stated before, and helps the patient to enjoy a better quality of life.

In Spain there are approximately 25,000 autistic persons. 84% of autistic children have oxalate levels outside the normal limits which add disorders to their condition. The intake of *Dialytic Water* has achieved a significant reduction in oxalates, thus a better quality of life.
“You’re not getting older, you’re thirsty.”

Dialytic Water in Anti-Aging Medicine

In the adult human body, water represents:

- 65% of total body weight
- 90% of the brain
- 30% of the bones

But as we age, water content is reduced to as much as 20 percent.

In another chapter we appreciated the importance of skin, the largest organ of our body.

Although it is important to keep the skin of children and adults clean and perfectly hydrated, it is essential to do so as we age, due to many factors.

It’s difficult to establish a specific age at which skin starts to age, but we do know that it is the first organ to start aging.

From the age of 60 the skin starts to:

- Thin 15%
- Lose 20% of its thickness
- Lose elasticity and flexibility
- Decrease the number of sweat glands
- Clog pores
- Show signs of collagen denaturing
- Wear down and collapse the elastic fibers

Other changes take place as a result of deterioration, ailments and alterations.

The need to keep our skin clean and perfectly hydrated is very important health wise, but it is also vital and essential for the treatments and systems applied in anti-aging medicine to be effective.

There are other factors in relation to elderly persons that should be taken into account:

The kidney, which is responsible for regulating the volume of fluids in the body, suffers a series of impairments in the elderly.

With age, we drink less water than necessary, in many cases self-imposed by urinary incontinence problems.
In addition, as we pile on the birthdays:

The thirst alarm takes longer to sound off and let us know we need water. The response to water loss is slower.

There are several pathologies that are more common when we age such as osteoporosis, Alzheimer’s, Parkinson, cataracts, etc.

**Dialytic Water** does not decalcify the body since it doesn’t act against colloidal calcium (amorphous); if not against the formation of calcium metal salts (ionic).

An example:

Alzheimer’s disease disrupts neuron communication, metabolism and repair. The connections between nerve cells are lost, which causes memory loss.

The brain is 90% water which is vital for the bioelectricity that circulates through its neurotransmitters.

Diagram of the main elements in a synapse model.

The synapse allows the nerve cells to communicate with one another through axons and dendrites, transforming an electrical signal into a chemical signal.

In some cases, toxic deposits and even microscopic calcifications (between the axon and dendrites) in the neuronal synapse can prevent or alter the good transmission of the chemical-electrical impulses.

**Dialytic Water** influences the communication of the neuron, cleaning the axon and dendrites so that the synapse doesn’t fail or fails less. It also weighs on neuronal repair.

Even though astrocytes are in charge of cleaning the detritus from the brain, **Dialytic Water** helps eliminate the deposits and micro-califications by favoring a better internal communication between neurons and provide a better quality of life to patients, as in the case of Alzheimer’s.

Increasingly, the presence of mineral deposits in the body is a result of medication, food, pollution, injuries, etc., which makes purification a very important process. It is, in the majority of cases, vital for the implementation of other therapies and prescriptions, rendering them more effective and responsive.

In this regard, we must take into account that most patients have multiple prescriptions, which increases the risk of contraindications, interactions and/or side effects due to the accumulation of active ingredients and non-metabolized excipients.
We stress the importance of skin, and even more in the elderly. The use of Dialytic Water to hydrate, purify and cleanse the skin is essential at their age due to its benefits as an excellent solvent, purifier and moisturizer, as well as for eliminating waste and enhancing hydration of the cells and tissue.

**Dialytic Water as a coadjuvant in Oncology**

Cells handle and regulate themselves in order to function correctly and reproduce provided there is oxygen, alcalinity, nutrients and energetic vibration in the extracellular fluid.

If the extracellular fluid is toxic (dirty), anaerobic (lack of oxygen), acid (excess acid), has nutritional disorders (excesses and lacks) and faulty communication between the cells (decrease in the electromagnetic vibration), the cell cannot function correctly and will not reproduce. And this is the first symptom of an internal disorder.

If this condition is not controlled and corrected, the cell’s survival is at risk and it can initiate a tumor development.

The sick cell shall survive in any medium and take nourishment by stealing it from the surrounding tissues.

We are able to reestablish the normal operating conditions of the cell by **purifying it with Dialytic Water to clean and restore it**.

Our starting point is water, called “the universal solvent”, by which we use a logic and contrasted physical process, non-invasive, simple, inexpensive, painless and easy to use with the great advantage that it does not produce side effects or interactions. We greatly enhance the solvent effect of water to invert the crystallization process with effective results and also encourage purification and hydration in an excellent way.

We recommend that you drink 2 glasses of Dialytic Water a day (500 cc). This will bring you the benefits of an excellent purifying and hydrating solvent, the elimination of residues and a greater hydration of cells and tissues, as well as the added benefit of resuming the habit of drinking water.
“Your skin isn’t sick, Your skin is thirsty.”

**Dialytic Water, Skin Hydration and Cleansing**

**SKIN**

Skin is the human body’s largest organ; it protects us against dryness and regulates our temperature. But it is also a storage house of nutrients and retains the residues of metabolic processes. If the body isn’t working properly, our skin will be dirty and lose its freshness. It is also an armor against external agents: pollution, the sun’s ultraviolet rays, changes in temperature, stress, lack of sleep, bad nutrition and consequently, faulty digestion.

In an adult, skin can have a surface area of 2 square meters and a weight of approximately 5 kilos; the epidermis contains 13% water and dermis 70%. Skin is our wrapping; it’s the layer of life; it’s our representation and appearance. It’s the reason why one of our favorite topics is precisely our skin when we talk about beauty.

Skin is composed of three layers: the epidermis, dermis and hypodermis. Each has a characteristic function, but interacts actively with the next layer.

The **epidermis** has multiple layers (strata) of cells, which are from the outermost to the innermost: the stratum disjunction (which produces the continuous shedding of the corneal cells), the corneum (which maintains moisture balance), lucidum, granulosum, spinosum and basal or germinativum strata (responsible for continually replenishing the cells and producing melanin). Cells (which are formed in the stratum germinativum until they reach the stratum disjunction) take 4 weeks to peel.

The **dermis** is composed of a network of collagen and elastin fibers (which stabilize the skin and prevents its deformation) and the small capillaries that carry oxygen and nutrients to it and excrete toxic waste products. The sebaceous glands are rooted in the dermis, but they open up to the surface in the pores found in the epidermis. The sensory cells (pain, itching, temperature, etc.) are located in this layer.
The hypodermis is the subcutaneous layer of the skin and the deep continuation of the dermis. Its collagen and elastic fibers are connected directly with the dermis and run in all directions, but mainly parallel to the surface of the skin. It serves as the storage of substances and shock protection.

Skin cells undergo a continuous keratinization and desquamation process and are quickly replaced by new cells, which is why it so important to supply water through the cellular membrane.

![Cell flakes at the end of the process](image1)
![Skin cell](image2)
![Cadherins](image3)
![Aquaporins](image4)

**SKIN HYDRATION AND CLEANSING**

The skin is known as the "third kidney" because just as much urea is eliminated through sweat as through the kidneys. Also, sodium and potassium salts iron, phosphorus, lactic acid and sulfuric acid and many other waste substances are eliminated through the skin. If something interferes with this function, the skin can suffer disorders that considerably degrade it and harm our physical and aesthetic appearance.

The skin breathes. The exchange of gases through the skin pores involves a process of diffusion of oxygen and CO2 (carbon dioxide) through its surface. It is therefore very important that the pores of the skin be as clean as possible. The skin does not breathe the same way as the lungs, but it is a very similar process with the same input and output products. This process is vital for the body, because without it we would die. If the pores of the skin become clogged, it dies by suffocation.

The skin is a reflection of the health of our body and its nature is influenced largely by what happens in the other systems of the body that apparently do not seem to have any connection with it. If the main excretory apparatus such as the liver and kidneys do not work properly, the skin clearly reflects the condition and becomes a dumping ground for the toxins expelled by the body. We can also say that the skin is the "fire detector" of the body.

An example is the Ukrainian Viktor Yuschenko, who was poisoned with one of the most potent toxic dioxins (TCDD). His life was saved when his skin degraded to such a point (a severe rash, they said) that made the Austrian doctors who treated him take immediate actions to save his life.

One of the skin’s functions is to keep undesirable toxins outside the body, and although it can absorb beneficial substances, it can also allow other harmful substances to enter. As we noted previously, we also breathe through our skin.
A faulty digestion can leave traces on the skin, just like stress and a large number of skin disorders that are related to hormones, such as acne in teenagers and pimples and stains that appear before menstruation. Body health is crucial for a healthy skin. Today, many people suffer from skin disorders because of the constant battle our body must continually wage against our modern lifestyle (poor diet, stress, lack of exercise, use of toxic substances such as tobacco, environmental pollution, excessive exposure to the sun, etc.).

The need to keep our skin constantly clean and perfectly hydrated is very important for our health. It’s not only important for our health, but also vital and indispensable for the application of treatments and systems in dermatology and cosmetology to be effective.

Even the most state-of-the art technologies, trends and innovations will fail if the skin is not perfectly clean and hydrated.

For superficial skin care to be effective it is essential that active substances penetrate it, and this is only possible through transdermal permeability.

Hydration is the preservation of the maximum level of moisture in the skin and the body. Water supplies blood to the skin along with oxygen and nutrients.

Moisturization is the moisture that the skin absorbs from the outside.

Since ancient times skin has been the object of all kinds of care and treatments directed at preserving its beauty and youthful appearance. The huge varieties of alternatives available have two common denominators: products and treatments mitigate in a greater or lesser degree the ravages of time and are based on external skin care.

So long as we aren’t able to find the fountain of youth, we can continue to look for it.

How to avoid our skin from becoming thirsty

Thirsty, dehydrated skin looks dull, listless and accentuates wrinkles and expression lines.

The lack of water has several causes:

- Dry skin is caused by internal factors (for example, decreased production of sebum)
- Dehydrated skin is caused by external factors (for example, dry climate, fat-poor diet, fever, medication).

A dry environment dehydrates the skin. A dry environment steals water from the skin:

- If it’s a constant situation, the skin tries to adapt.
- If it is variable (from dry to humid, or from humid to dry) the compensation mechanisms of the skin become unbalanced.

These factors are: air conditioning, sun, wind, sudden variations in climate or excessive heat with much sweating.

The hotter it gets, the greater the ambient temperature, which in turn produces an increase in the sebaceous secretion or natural fat. The defensive barrier mechanism and water retention also improves.
More specifically, **dehydration is caused by:**

- Genetics: Less production of fat (ceramides)
- Age: Intracellular cohesion and barrier function diminishes
- Air conditioning: Steals all the water.
- Heating: Evaporates and dehydrates.
- Aggressive cosmetics: Excessive cleansing alters and wears down the protection of the hydrolipidic covering.
- Tobacco: It contracts the capillaries, diminishes the absorption of Vitamin C, produces free radicals, and dries the skin.
- Medications: They alter the balance and produce side effects.
- Diets: If they lack essential fatty acids, the production of ceramides, which are essential for intracellular cohesion, is altered.
- Long airplane trips: The skin dries out because the air conditioning on a plane does not have the adequate levels of humidity.

Dehydrated skin makes you look old: it tenses, peels, sags and wrinkles your face. At the beginning it’s reversible but on the long run the effects are permanent.

To **prevent this aging process** we must:

- Regulate the excess of sebum.
- Provide elasticity
- Stimulate enzyme activity
- Promote water balance
- Neutralize free radicals

Water must be biologically pure and protected from pollution, preservatives and fragrance. Thermal waters are very beneficial because they come from virgin sources and have therapeutic properties that vary according to the mineral composition and that also help the thermal effect.

**Dyalitic Water**

Water is the **universal solvent** and an essential component of our body, whether it is part of it or is used by all the metabolic processes.

The **SLACKSTONE II**® System physically transforms ordinary water into **Dyalitic Water**. Chemically, it’s still water, but with greater energy and therefore with a greater cleansing and hydrating power.

Our proposal is to introduce a third common denominator: care for our skin from the inside with **Dyalitic Water**, and we dare affirm that in the majority of cases, our skin is not sick, it’s thirsty.

If only we hydrated and cleansed our skin properly, the problems described above would be solved.
We recommend drinking 2 glasses a day of *Dyalitic Water* (500 cm³) to appreciate its benefits as an excellent purifying and hydrating solvent: it will eliminate the residues and enhance hydration of the cells and tissues. **By drinking Dyalitic Water, you will hydrate and cleanse your skin from the inside out.**

Furthermore, spray a small quantity of *Dyalitic Water* on your face and exposed skin to take care of it externally, too.

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**BIBLIOGRAFÍA**

Chapter “*Physical Basics*” on the features of the SLACKSTONE II® System for preparing *Dyalitic Water* in the book “*Crystalline Bodies in the System*”.

Chapter 11, of the book “*CANCER: What it is, what causes it and how to treat it*”

Article in the ATHANOR nº 64 Magazine

Article in the DISCOVERY HEALTH nº 97 Magazine

Conference “*You’re not sick, you’re thirsty*”

Conference “*You’re not getting old, you’re thirsty*”

Conference “*Your skin isn´t sick, it’s thirsty*”
THE INVENTOR OF THE SLACKSTONE II® SYSTEM

Among the impressive variety of brilliant inventions Reverend Father José Ignacio Martín-Artajo Alvarez, S.J. contributed to science, the SLACKSTONE II® ampoules to prepare Dyalitic Water stand out. A devoted worker, creative by nature and especially concerned for finding solutions to the problems affecting his fellow humans’ well being, this true genius, unfairly forgotten by history, excelled in a number of disciplines, especially in engineering and electronics.

Born in Madrid on April 13, 1904, early in his childhood he showed a noteworthy disposition for study and research: At the age of 15 he graduated from high school in the Areneros School of Madrid and at 21 earned his degree of Engineer in the I.C.A.I, ranking second in his class. That same year he joined the Company of Jesus. From 1929 to 1932 he studied Philosophy in Granada and Oña. The following years he served as a teacher in the Hogar Español de Lieja. In 1934 he earned his engineering degree in the Superior College of Electrical Engineering of Paris. From 1934 to 1938 he studied theology in Marneff and Valkenburg, where he was ordained priest on June 24 1937. From 1939 to 1971 he held tenure as Professor of Electrical Engineering in the I.C.A.I. During 1945 to 1946 he held tenure as Professor of Electrical Engineering in the Naval Weapons School of the Ministry of the Navy.

He lectured in Europe and America. In the United States he was appointed Fellow Member of the American Institute of Electrical Engineers and created the American Hispanic Technological Fund (A.H.T.F.) in New York. He was also a Full Member of the Academy of Doctors. His mastery of French, English and German allowed him to introduce advanced techniques in Spanish engineering. He modernized the Electrical Engineering, Materials Resistance, Tool Machinery and Thermal and Hydraulic Machines laboratories, as well as designed and built a new Electrical Machines lab. He also wrote numerous articles and books.

His prolific mind did not cease to create new projects. He invented a great number of apparatus and motivated by the painful consequences of the pathologies involved in crystalline bodies, invented the SLACKSTONE II® ampoules to prepare Dyalitic Water.

This brilliant, intelligent, hard working and charming man, well versed in poetry and humanities, highly gifted in public relations, died in holiness in Alcalá de Henares (Madrid) on December 13, 1984. Everyone who was fortunate to know him acknowledges his exceptional talent.

Portraits of Father José Ignacio Martín-Artajo Álvarez S.J. in his youth, at his peak and old age.
SLACKSTONE II® is the commercial name of a registered and patented System that physically acts on normal (potable) water by transforming its molecular characteristics to produce what we know as Dyalitic Water.

The system was invented by Professor Dr. José Ignacio Martín Artajo Alvarez, S.J., for which he was awarded the silver medal in the International Salon of Inventors of Geneva (Switzerland) in 1978, and is based on the action of the electromagnetic fields on crystalline bodies.

On November 24, 1966 the Spanish Ministry of Health classified it as a “Product for Medicinal Use”.

It is sold in pharmacies and diet establishments in Spain and other countries.

For additional information please go to the following web pages:

www.litiasis.com
www.slackstone.com
www.aguadialitica.com

There, you may download this book free of charge (in Spanish, French and Portuguese, Italian and English) and find extensive information in German.

Author’s Note:
Until 1988, the SLACKSTONE II® ampoules were sold in boxes of one unit. Since then, they are sold in a newly designed package containing 2 ampoules, which is the reason why it is now called SLACKSTONE II®.
PHYSICAL BASIS

Bodies with a crystalline structure are composed of groups of simple elements (called "Weiss enclosures" formed in turn by molecules joined by forces of 'ionic' attraction.

The molecules of these crystalline bodies have a specific orientation and consequently of their atoms, are very stable and therefore with a minimum amount of energy. The result is a very definite shape and volume according to the different systems of crystallization.

Keep in mind that although this energy is very small, there are always electric fields between their reticular enclosures.

Electric fields are governed by Coulomb's Law, which basically says:

• Forces of attraction or repulsion between two particles are directly proportional to their ionic charges (known as chemical valences).

• This force is inversely proportional to the distance between the particles (which is why proximity or approach increases the forces of attraction or repulsion).

• It is also inversely proportional to a factor called "dielectric constant of the medium." This factor is of great importance in our case because our purpose is to modify the dielectric constant of water.

Which means that the challenge is to create an electro-physical field to modify the characteristics of the water molecule.

We will now analyze the characteristics of a water molecule:

**WATER DIPOLE**

*The molecule of normal water (H₂O) is made up of two hydrogen atoms (H) and one oxygen atom (O), chemically bound.*

*The bond between the hydrogen and oxygen atoms has a defined and constant distance and orientation.*

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1 This physical study was conducted based on those conducted by Dr. Carmelo Hoyos Fitto, Dr. José Ignacio Isusquiza Carro and Dr. Jesús Piernas Manzano; and published in the book entitled "RENAL LITHIASIS " (ISBN 84-500-5204-1).
• The water molecule is not symmetrical, and its asymmetry is precisely why it constitutes a dipole (+/-) that has a permanent dipole moment.

• The dipoles have the property that when placed in an electric field, they are oriented by aiming their negative charge to the positive field and the positive field to the negative thereof.

• The result is that a dipole or dielectric decreases the attraction between charges of different signs.

The consequence is that these dipoles with a high dielectric constant, such as water, decrease the forces of attraction between the molecules that form crystals, and the capacity of combining their atoms (H and O) produces the dissolution of many bodies, especially salts.

Which means that water itself has a great ability to dissolve crystals, thanks to its high dielectric power.

**With the SLACKSTONE II® system, our purpose is to further increase water’s ability to dissolve in order to dissolve salts with crystals of high cohesion and low solubility.**

This is achieved by increasing the dipole moment, in other words, the asymmetry of the water molecule.

It is therefore necessary to influence the distance and placement of the H and O atoms. If we separate the O atom from the H atoms, and decrease the angle of spatial positioning of these compared to the angle, the dipole moment would increase.

**DEPOLARIZED ATOM OF DIALYTIC WATER**

If we compare the two preceding figures, we can observe that:
ORINARY WATER ATOM

DEPOLARIZED ATOM OF DIALYTIC WATER

\[ \angle = 105^\circ \]

- \( \angle' \) is less than \( \angle \).
- the distance between the H atoms relative to O atom: \( d' \) is greater than \( d \).

This new position of its atoms gives water, already transformed into Dialytic Water:

- Increased dipole moment (more energy).
- Increased dielectric constant.
- More power to reduce the cohesive forces of other crystalline elements.
- Increased capacity to dissolve mineral salts.

How is this achieved?

We require an energy to change the position of the atoms constituting the H\(_2\)O molecule.

If we provide a powerful external energy (i.e., electricity) we run the risk that the effects are so strong as to destroy the molecule itself (electrolysis).

We need energy to modify the molecule, but without destroying it, just enough to slightly “dislodge” the H atoms relative to the O atom.

This energy is obtained through the patented process of the SLACKSTONE II\textsuperscript{®} system.
The System is presented in a hermetically sealed glass ampoule (two per package), in which there are macro crystals of a certain size, sodium chloride and lithium chloride, properly prepared and treated with cinnamic aldehyde, with a high dipole moment to facilitate energy transmission through the glass of the ampoule.

The union of these crystals causes the generation of an energy of a different intensity according to the positioning of the crystals and, therefore, of their atoms.

This energy, which we call electrostatic, is produced between different crystals, forming small electrostatic fields whose energy is transmitted perpendicularly to their crystalline tables and facets.

It is therefore very important that these crystals be a certain size, for if they were like dust, the fields would be very numerous but small, and if they were large, the contact would be smaller and the distance (which decreases the energetic power) would be too large.

The glass ampoule used in the SLACKSTONE II® System is not the only way of putting that energy into contact with the water to be modified, but it proves to be the most appropriate way to enclose sodium and lithium crystals that create hundreds of small electrostatic fields, which together generate a circular area around the ampoule. Furthermore, the glass used in the manufacture of ampoules SLACKSTONE II® System possesses special features and allows the passage of that energy.

**DIELECTRIC EFFECT**

The ampoule of the SLACKSTONE II® System, placed in direct contact with the water for at least 24 hours, makes the electrostatic energy it produces to modify its dipole, slightly altering the position of its atoms and charging it in turn with dielectric or dipole energy, capable of dissolving and disintegrating other crystalline bodies, for example, barely soluble calcium salts.

This Dialytic Water, so named for its disintegrating power, is obtained by purely physical methods.

This potential energy is also slightly radioactive, as tested by a Geiger-Muller counter on both the ampoule and the treated Dialytic Water.

Dialytic Water’s greater capacity to solubilize salts has also been proven in the laboratory.

Dialytic Water prepared with the SLACKSTONE II® System does not alter its chemical properties but only its physical structure (the position of its atoms).

In this regard, we include the study performed in France: "Difference between Normal Water and Dialytic Water using Vincent’s Bioelectronic Technique".
DIFFERENCE BETWEEN NORMAL WATER AND DIALYTIC WATER
APPLYING VINCENT’S BIOELECTRONICS TECHNIQUE

Bioelectronics is a technique developed in 1945 by Louis Claude VINCENT, a hydrologist engineer. This technique allows to classify a solution, a product or a living organism according to different parameters: pH, oxide reduction factor (rH2) and resistivity (rho). This technique can therefore be used primarily to study the quality of drinking water.

The pH measures the concentration of H⁺ ions of the solution and represents the magnetic character as well as the energy capacity of the medium. As for the oxide reduction factor, it measures the concentration of electrons and represents the regulating capacity of the medium. Finally, the resistivity factor measures the concentration in electrolytes.

The following are the results of analyses carried out November 20, 2008 on Montcalm water and a water placed in contact with the SLACKSTONE II® System for 24 hours.

1. Montcalm Water ²:

- Parameters measured in the laboratory:
  - Potential: E = 247 mV / ref. AgCl
  - pH = 6.07
  - Resistivity factor: \( \rho = 23\,300 \text{ ohm / cm}^3 \)

- Parameters deducted:
  - Conductivity factor: \( \sigma = 43\,\mu\text{S} \)
  - Dry residue index: TDS = 31 mg / L

→ Oxide reduction factor: \( rH2 = 27.2 \)

For comparison purposes, the figures published on the label of the bottle Montcalm:
\[ \rho = 30\,000 \text{ ohms} \]
\[ \text{TDS} = 28 \text{ mg / L} \]
\[ rH2 = 25.95 \]

This water is registered in the list of waters classified as "perfect".

2. Montcalm Water in contact with SLACKSTONE II® system for 24 hours:

- Parameters measured in the laboratory:
  - Potential: E = 288 mV / ref. AgCl
  - pH = 5.9
  - Resistivity factor: \( \rho = 20\,400 \text{ ohm / cm}^3 \)

- Parameters deducted:
  - Conductivity factor: \( \sigma = 49\,\mu\text{S} \)
  - Dry residue index: TDS = 35 mg / L
  → Oxide reduction factor: \( rH2 = 28.2 \)

² Montcalm water: Mineral water from the spring of the same name, located at 1,100 meters above sea level in the Valley of Auzat (Midi-Pyrénées Region, France).
3. **Analysis of results:**

Comparing the results of the two solutions we can observe that the **SLACKSTONE II®** System lowers the pH of the solution, which means that the medium would become richer in protons and thus increase its magnetic ability.

Also, the resistivity is weaker in the solution put into contact with this system, and therefore, the solution would be richer in ions.

Finally, as regards the reduction factor oxide, it is slightly higher after being in contact with the **SLACKSTONE II®** System. However, this increase is very weak and unrepresentative.

In terms of water quality, the following indicators of a good quality are: a resistivity greater than 6000 ohm / cm$^3$, a pH between 5.5 and 6.9 and an oxide reduction factor ranging between 24 and 28.

It would be interesting to perform further testing, mainly on different waters, but considering the above results the **SLACKSTONE II®** System does not appear to alter the good quality of the water in any way.

**L. G. (Commissioned by SODALITE, France)**

**Extension of data referred to the Physical Basis**

This procedure, patented and registered under the name **SLACKSTONE II®** is completely natural and is based on the properties of the solid state of matter and in particular its crystalline state.

The crystals are formed by clusters of simple elements (called "Weiss enclosures") formed in turn by molecules linked by 'ionic' attractive forces, "cohesive" forces of secondary valences (Van der Waals), etc.

These systems require an orientation of the molecule and consequently a very stable atomic distribution and minimum energy, according to the number of electrons and the corresponding "spins" of the atoms. The result is a volumetrically predominant form, known as "crystallization systems", such as the cubic, hexagonal, monoclinic, triclinic system, etc., with different properties according to the inclination, for example, of a light beam, an effort, etc., made with respect to the "axes of crystallization" of the crystalline body.

In this regard, the ionic physical forces, cohesion, etc., indicated above are significant in a relatively large set, but small in the individuality of each atom and molecule and, therefore, if we "attack" these molecules with a system of "action of immediacy" (i.e., individualized action), we can achieve disintegration, or rather the disaggregation of crystalline aggregates.

Moreover, in these crystalline aggregates the molecules that form the edges and external corners of said crystal aggregates are (so to speak) more defenseless, and therefore, these outermost parts can easily be disaggregated so that the crystalline elements with their blunt vertices and reduced length ensue, as well as the apparent volume of the aggregate.

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3 In this regard see the book entitled "**CAMPOS ELÉCTRICOS Y MAGNÉTICOS**" de J.I. Martín-Artajo (Editorial Aguilar, Madrid 1984).
All these forces of attraction between molecules of a crystal depend on the medium in which the crystal is found.

It has not been possible to express the value of these (attractive and cohesive) forces by mathematical formulas, but for our purpose it is enough to know that these forces decrease proportionally as the "dielectric coefficient" of the medium increases ($\varepsilon$).

An approximate formula for certain physical conditions is accepted as the value of the electric field of an electric point load $\mathbf{Q}_1$ in the distant point $\mathbf{P}_2 (r_{12})$ can be expressed as follows:

$$E_1 = \frac{\mathbf{Q}_1}{4\pi\varepsilon_0 r_{12}}$$

And the resulting mechanical force on a charge (point) $\mathbf{Q}_2$:

$$F_{12} = \frac{\mathbf{Q}_1 \mathbf{Q}_2}{4\pi\varepsilon_0 r_{12}}$$

If instead of a point load we had a "dipole moment" polarized body consisting of two masses ($+q$) and ($-q$) to the mutual distance $\Delta$, it would be in the direction of the bipolarization axis ($\cos \Theta = 1$):

$$E_p = -\frac{1}{4\pi\varepsilon} - \frac{2q\Delta}{r_{12}^3} \cos \Theta_0 = -\frac{1}{4\pi\varepsilon} - \frac{2q\Delta}{r_{12}^3} = \frac{1}{4\pi\varepsilon} \frac{2M}{r_{12}^2} + \frac{1}{4\pi\varepsilon} \frac{2M}{r_{12}^2}$$

The term ($q\Delta$) is the so-called "dipole moment" and its value depends on the nature of the bipolarized body (water, glycerin, nitrobenzene, ethyl alcohol, etc.) enunciated in descending order.

According to this theory of the solid and crystalline state of matter, we believe that (having knowledge of physics) this extension of the basis of Professor Dr. D. Jose Ignacio Martin-Artajo Alvarez is well understood.

As a second extension of the data of the "Physical Basis" of the Slackstone II® System to prepare Dialytic Water, and in response to various queries made by some health professionals, starting from the 6th edition we have included the following additional information.

But first we should note that it is necessary to carefully read Chapter 3, especially the section "Physical Basis".
1. ABOUT THE COMPONENTS OF THE AMPOULE

The presence of sodium chloride and lithium chloride in the SLACKSTONE II® ampoules is mainly due to the similarity of their properties:

- Both are alkaline metals belonging to Group I
- They are very reactive and good conductors of electricity
- They have much affinity:

<table>
<thead>
<tr>
<th>Properties</th>
<th>Na</th>
<th>Li</th>
</tr>
</thead>
<tbody>
<tr>
<td>State</td>
<td>Solid</td>
<td>Solid</td>
</tr>
<tr>
<td>Crystalline structure</td>
<td>Centered cubic</td>
<td>Centered cubic</td>
</tr>
<tr>
<td>Ionic state</td>
<td>4, 6</td>
<td>4, 6</td>
</tr>
<tr>
<td>Ionization energy (kJ.mol⁻¹)</td>
<td>494</td>
<td>519</td>
</tr>
<tr>
<td>Electronic affinity (kJ.mol⁻¹)</td>
<td>+53</td>
<td>+60</td>
</tr>
<tr>
<td>Electro-negativity (Pauling scale)</td>
<td>0,93</td>
<td>0,98</td>
</tr>
<tr>
<td>Enthalpy of fusion (kJ.mol⁻¹)</td>
<td>2,64</td>
<td>4,6</td>
</tr>
<tr>
<td>Melting Point (°C)</td>
<td>97.8</td>
<td>180.5</td>
</tr>
<tr>
<td>Boiling Point (°C)</td>
<td>883</td>
<td>1.342</td>
</tr>
<tr>
<td>Density (kg/m³ 20°C)</td>
<td>971,2</td>
<td>534</td>
</tr>
<tr>
<td>Atomic Radius (pm)</td>
<td>191</td>
<td>152</td>
</tr>
<tr>
<td>Van der Waals radius</td>
<td>0,0</td>
<td>0,0</td>
</tr>
<tr>
<td>Oxidation state</td>
<td>-1, +1</td>
<td>-1, +1</td>
</tr>
<tr>
<td>They share valences in their atoms (They have the same electronic configuration in the last layer)</td>
<td>Na ) 2e⁻ 8e⁻ 1e⁻</td>
<td>Li ) 2e⁻ 1e⁻</td>
</tr>
</tbody>
</table>

Minerals are prepared using an exclusive and proprietary microencapsulation process (one of the objects of patents of the SLACKSTONE II® ampoule).

An interesting fact is that the sodium chloride (rock salt, halite) we use has its origin in the Miocene period (10-15 million years ago). It is known as "mirror salt" for its purity and transparency.

Moreover, due to its high dipole moment, cinnamic aldehyde is used as an enhancer in the transmission of the action (electrostatic energy) of said minerals to water. It is placed as a cord that must unite the north and south poles of the ampoule.

The presence of sodium chloride, lithium chloride and cinnamic aldehyde in the composition of the SLACKSTONE II® ampoule is solely due to its physical properties as a whole, and not to chemical properties. Our system is a purely physical process.

If we consider these components exclusively by their chemical action, we would be making a grave error, since their uses are diverse:
**Uses of Sodium**

- An essential component of the extracellular space of living beings.
- In food it is used as an essential nutrient, food preservative, condiment (chloride).
- Coolant (heat exchanger) in nuclear reactors.
- Manufacturer of anti-knock in gasoline.
- Reducer in obtaining other metals.
- Detergents, bleaches, manufacture of paper and textiles.
- Street lighting.
- Fertilizers (in the form of nitrate).
- In optics and as a fixing agent in photography.
- It was used as payment to the Roman legionaries (salary).

**Uses of Lithium**

- In medicine, as antidepressant medication (carbonate).
- Manufacturer of lubricating greases (stearate).
- Fuels, very hard alloys, battery electrodes (anodes).
- Ceramics and special glasses.
- Coolant.
- Moisture absorbent in air conditioning (bromide and chloride).
- To inflate life jackets and rocket fuel (hydride).
- Air purification and ventilation systems in submarines and spacecraft, to remove carbon dioxide (hydroxide).

**Uses of Cinnamic Aldehyde**

- Making flavors for the food and pharmaceutical industry.
- Preparation of cosmetics and perfume fragrances.
- As a stimulant of the digestive function.

**Author’s Note:**

Each gram of lithium hydroxide consumes 0.51g of CO₂. Fr Martin-Artajo (inventor of SLACKSTONE II® System) pioneered this research and patented several systems and procedures that were important, but unfortunately not transcendent, such as air purification in submarines.
2. ABOUT THE AMPOULE’S GLASS

On the one hand, the glass vial must also meet special characteristics (see table), to allow the passage of this energy, without loss or variables, and on the other, the process also has to involve the refraction of light (Maxwell Equations).

The SLACKSTONE II® ampoule is hermetically sealed and as a whole we can consider it as a cell or battery.

Therefore, its components never come into contact with the water to be treated and the emission of energy into the water occurs only through the glass of the ampoule.

In the event the ampoule is accidentally broken, it would no longer be useful for the process and must be replaced with a new one. If inadvertently ingested, the resulting liquid has a strong salty and bitter taste. Continued ingestion of the solution would result in a digestive disorder (diarrhea).

The lithium contained in the ampoule (as chloride) does not exceed 500mg. We note that for the medicinal use of lithium (as carbonate) in antidepressant treatments, the recommended daily dose is 600 mg.

<table>
<thead>
<tr>
<th>CHARACTERISTICS OF THE GLASS OF THE SLACKSTONE II® AMPOULE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glass type</td>
</tr>
<tr>
<td>Tube diameter</td>
</tr>
<tr>
<td>Coefficient of linear expansion</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Transformation temperature (Tg)</td>
</tr>
<tr>
<td>Glass temperature in the following viscosities:</td>
</tr>
<tr>
<td>(aPas = Poise)</td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td></td>
</tr>
<tr>
<td>Density</td>
</tr>
</tbody>
</table>

Chemical composition (expressed in % weight approximately):

| Principal elements | SiO$_2$ (silicic oxide) | 75% |
| | TiO$_2$ (titanic oxide) | --- |
| | B$_2$O$_3$ (boric oxide) | 10% |
| | Al$_2$O$_3$ (aluminum oxide) | 5% |
| | Fe$_2$O$_3$ (ferric oxide) | --- |
| | Na$_2$O (sodium oxide) | 6% |
| | K$_2$O (potassium oxide) | --- |
| | BaO (barium oxide) | 2.5% |
| | CaO (calcium oxide) | 1% |
| | MnO$_2$ (manganic oxide) | --- |

Hydrolytic class (DIN 12 111) | 1 |
Acidity class (DIN 12 116) | 1 |
Alkali class (DIN 52 322) | 2 |
3. ABOUT THE SLACKSTONE II® SYSTEM

First and foremost, we must keep this concept in mind:

**Water is known as “the universal solvent” because it is the liquid that dissolves the most substances.**

Since water has bipolar molecules, it is a great medium that dissolves ionic compounds, such as mineral salts.

Water in its normal state (105° angle) dissolves non-ionized and ionized hydrophilic solutes with low and high molecular weights by itself as perfect solutions and suspensions based on its dielectric constant, dipole moment and the concentration of solutes. When these crystalline bodies are hydrophobic and amphipathic, ionic cohesion forces (Van der Waals), attraction forces intervene between the molecules and crystalline elements (Weiss enclosures), etc.

Water covers all the molecules (in our case the molecules of the stones, gravel and micro-crystals present in the body and anywhere they are found) because of their polarity and the hydrogen bridges or non-covalent joints formed with molecules, parts of molecules and ions.

**The greater the dipole moment (higher energy) the greater the solubility of the water.**

Through the SLACKSTONE II® ampoule, normal water is subjected to electronic radiation of slightly active alkaline salts for a period of 24 hours (the maximum distancing between the water molecules occurs within 24 hours, as well as the maximum increase of the set of turns, spins). A modification of the molecular arrangement of water which results in Dialytic water is then produced by physical action.

With regard to normal water, **Dialytic water** has a higher dipole moment (higher energy), higher dielectric constant, greater power to reduce the cohesive forces of crystalline elements and a greater capacity to dissolve mineral salts.

**Dialytic water,** once incorporated into the body and by an action of immediacy, progressively and cumulatively weakens the ionic bonds of the crystalline agglomerates formed (as previously noted) by ionic cohesive forces (Van der Waals), forces of attraction between molecules and crystalline elements (Weiss enclosures), etc.

This action disaggregates the molecular layer of these agglomerates and detaches the most vulnerable parts, such as peaks and edges. When the agglomerates are large, progressive fragmentation occurs.

The SLACKSTONE II® System (the greater energy emitted by the ampoule) is based on the interface electropairs (in this case, glass-glass). These electropairs depend on the movements of electrons of one or another alkali metal, with alternations of approximation and distancing of electrical charges and their corresponding spins.

Energy emission of the SLACKSTONE II® ampoule can be measured by various methods, but perhaps the most spectacular is contained in the **"Report on Kirlian photographs."** This study was not done by us.
4.- ABOUT THE ENERGY IN THE SLACKSTONE II® AMPOULE

The electrostatic energy of the SLACKSTONE II® ampoule is only discharged in the presence of water and is sufficient to prepare 40 glasses of Dialytic Water. After that time you need to replace the ampoule with a new one.

The energy transmitted to the water is temporary and lasts while the charged field (the ampoule) is maintained sufficiently close to the water to be treated. For this reason we must ingest the Dialytic Water immediately after preparing it (see package insert), a process that takes about 24 hours, enough to modify all the molecules of the recommended water mass (250cm³).

For this reason, prepared Dialytic Water cannot be packaged, as it has been suggested to us many times.

When you extract the source of energy from the water (the SLACKSTONE II® ampoule), the modified molecular position returns to its initial position (the 105°angle), but this does not happen instantly. Ingested Dialytic Water is metabolized by the body in 30-45 minutes, which is sufficient time for its modified molecules to not be transformed again into normal water.

The mass of the ampoule is directly related and proportional to the mass of water to be treated.

The SLACKSTONE II® ampoule has no other purpose than to be the means of transforming normal water into Dialytic Water.

Dialytic Water has properties to eliminate and / or prevent the formation of crystalline bodies in the body (all kinds of stones, gravel, micro-crystals, etc., wherever they are).

The SLACKSTONE II® System to prepare Dialytic Water is sold (since 1966) in boxes of 2 ampoules (for 40-80 days of treatment) in several countries.
THERAPEUTIC BASIS

When *Dialytic Water* is physically activated by the action of the *SLACKSTONE II®* system, it is incorporated into the bloodstream after ingestion and circulates as part of some of the blood and body fluids (urine, bile, etc.).

If the fluids are concentrated, nucleation is favored and, therefore, crystallization and lithiasis. The use of *Dialytic Water* makes water, the great universal solvent, more efficient as it improves and enhances its solvent capacity.

As we have seen above,
At kidney level, *Dialytic Water* is capable of:

- Disaggregating small stones.
- Eliminating the superficial and defenseless layers of the stones, such as vertices and edges, favoring their removal.
- Dividing large stones, transforming them into smaller ones and then into gravel that can be expelled with little pain.
- Freeing the endothelial cells lining the urinary tract of microscopic deposits of calcium salts, preventing the loss of elasticity and therefore the growth of stones.
- Increasing the solubility of mineral salts that circulate in the blood and urine, especially calcium salts, thus avoiding precipitation and formation of new stones or increasing the thickness of existing ones.

*Dialytic Water* reverses the process of crystallization, which is the mechanism by which crystalline bodies are formed and therefore lithiasis.
INDICATIONS

*Dialytic Water* intake is indicated whenever it is necessary to remove and / or prevent the formation of crystalline bodies in the organism.

Although *Dialytic Water* is effective by itself (mainly at the kidney level), in view of the experiences and results of 1966, we recommend that it also be used as an excellent aid for other treatments or therapies, which is possible in all cases due to its unique non-chemical, physical action that avoids interactions.

The **SLACKSTONE II®** System to prepare *Dialytic Water* is not an aggressive (chemical) treatment but a physical, logical and proven procedure, non-invasive, simple, inexpensive, painless and easy to use, with the advantage of not producing side effects or interactions.

- **RENAL LITHIASIS (KIDNEY STONES)**

  Preventive treatment of patients with a history of kidney stones produced by either urate and calcium salts (oxalate, carbonate, phosphate, etc.).

  It also promotes and forces water intake, which is the therapeutic basis of lithiasis, in order to increase urine output.

  Expulsive treatment during or after acute colic episodes thanks to its power to wear down the stones and fragment them.

  As an aid after **extracorporeal lithotripsy**, it facilitates the expulsion of the resulting micro-fragments.

- **BILIAR LITHIASIS (GALLSTONES)**

  Gallstones are generally composed of layers of cholesterol, calcium and bilirubin. *Dialytic Water* acts by dissolving calcium salts so that when these disappear, the existing stones become gelatinous and soft and therefore less dangerous, facilitating and making the treatment for the removal of cholesterol by other means more effective.

  Sometimes it acts in the same way with the annoying "grit" that accompanies gallstones, making it more fluid and easier to pass through the bile ducts. This does not happen in all cases. Sometimes the biliary sludge is very thick and *Dialytic Water* is not sufficient to fluidize it; in that case the physician should prescribe medication for it.

  Keep in mind that the bladder is like a well filled with stagnant water and often the removal of biliary sludge is very complicated. For that reason we can provide information on the characteristics and general information of our system, but we must remind you that this information is not intended to replace treatments, and never to induce self-prescription. Ask your doctor or specialist who best knows the state of your health, and is the one who determines your prescriptions.
• **GOUT OR URIC ARTHROPATHY**

  *Dialytic Water* acts by dissolving uric acid crystals and / or avoiding their formation, which is a great advantage in the treatment of gout.

  Keep in mind that does it not act on the levels of uric acid, which must be treated by other means.

• **PREVENTION OF CALCIUM DEPOSITS IN THE ARTERIES**
  *(Arteriosclerosis, Atheroma)*

  *Dialytic Water* dissolves calcium deposits and causes the arteries to recover their elasticity, thus facilitating the removal of cholesterol by other means.

• **SPORTS MEDICINE**

  Studies carried out by specialists in the field have demonstrated the effectiveness of *Dialytic Water* in dedicated athletes, for example, bodybuilding. These athletes, who have to ingest large doses of proteins in their diets, tend to have high levels of uric acid (which is to be treated by other means). The regular use of *Dialytic Water* in their diet has prevented the crystallization of uric acid in their joints and muscles, providing a normal physical training.

• **ODONTOLOGY**

  *Dialytic Water* removes dental calculus and / or micro-calcifications formed in the dental system. It also helps to eliminate dental plaque.

• **SKIN CLEANSING AND HYDRATATION**

  *Dialytic Water* deeply cleanses the skin from the inside and hydrates it properly. It is an excellent solvent, purifier and moisturizer. By eliminating toxins it enhances and renders hydration of cells and tissues more effective. Also, if you spray or vaporize your face and most exposed skin with *Dialytic Water* you will also be taking care of your skin externally.

• **OVERALL PURIFYING AGENT**

  Today, there are many diseases that require taking a large amount of drugs, which significantly increase mineral residues in the body. An example of this may be the treatment of HIV-AIDS. It goes without saying that *Dialytic Water* will not cure this cursed disease, but it helps cleanse the body and make its treatment more responsive and effective.

  The same applies to processed foods that have increasingly more additives which are transformed into mineral residues. Cases of young children with stones are increasing daily, mainly due to the intake of processed foods.

  *Dialytic Water* sweeps and eliminates mineral residues throughout the body. This allows other treatments or therapies (hydrology, homeopathy, acupuncture, etc.) to be applied and makes them more effective by enhancing their action.
• **ANTI-AGING MEDICINE**

One of the shortcomings of elderly persons is water deficiency in their bodies. This slows down all metabolic processes. Moreover, the intake of drugs in this age group produces a lot of residues. The use of *Dialytic Water* cleanses the body of residues and provides perfect hydration.

• **OTHER INDICATIONS**

There are other cases, some exceptional, where the presence of crystalline bodies is annoying or harmful and where *Dialytic Water* is also effective, such as micro crystallizations in the lymph system or excess calcium in tears.

Also in people experiencing immobility, either due to long-term postoperative processes or produced by irreversible unfortunate accidents (paraplegics and quadriplegics), the crystal residues increase in many cases due to stone problems. *Dialytic Water* use has contributed to improve the quality of life of these people.

Another very important issue is the excess oxalates metabolized by autistic children. *Dialytic Water* helps very effectively to reduce them, thus providing them with a better quality of life.

An interesting fact: Astronauts suffer from lithiasis as a result of immobility and lack of gravity, especially over long periods of time in space.

There are also cases in Veterinary Medicine, especially in pets.

Wherever there are crystalline bodies in the body, *Dialytic Water* is recommended to eliminate and / or prevent their formation again.
INSTRUCTIONS FOR USE

We can affirm that the use of Dialytic Water is noninvasive, simple, inexpensive, convenient and easy to use.

PREPARATION OF Dialytic Water

The preparation of Dialytic Water with the SLACKSTONE II® System ampoules has been perfected in a very simple method, according to the experiences obtained since 1966 and taking into account the results obtained.

1.- Take a glass of natural water, preferably a high ball glass, about a quarter of a liter (250 cm3) and place the ampoule in the glass with the narrowest side up.

1.1 You can use mineral water if desired, but it is only necessary in areas where tap water is very hard. As a general rule, use water normally used to prepare food.

1.2 It has been proven that it is best not to use herbal infusions to prepare Dialytic Water, although they can be ingested, obviously, at any other time.

1.3 Do not expose the prepared water to any type of heat, cold or agitation, as this adulterates its action. If you want to heat or cool it, use a container with hot water or cold water, and introduce the glass.

2.- The SLACKSTONE II® ampoule must remain submerged in the water for approximately 24 hours so that the thickest part of the ampoule is completely covered.

2.1 The ampoule should not be opened or broken, because the energy generated by the crystals inside the ampoule passes through the glass perfectly and is transmitted to the water. (The ampoule is like a battery used in electrical devices).

2.2 The more or less yellowish color of the crystals contained in the ampoule is normal.

2.3 Do not expose the prepared water to heating, cooling or agitation, as this adulterates its action.

2.4 If necessary, it is recommended to cover the glass with a cloth or plastic to prevent dust, insects, etc. from falling into it.

3.- Activated Dialytic Water must be taken immediately after removing the ampoule.
4.- Refill the glass of water and immerse the ampoule again to prepare the next intake, 24 hours later.

5.- Each ampoule prepares 40 glasses of Dialytic Water, or in other words, a box of SLACKSTONE II® (containing 2 ampoules) is used to prepare 20 liters of Dialytic Water. Afterwards, the energy emitted by the ampoule decreases considerably until exhausted.

We recommend using the Control Table included in the package to facilitate the control of the doses.

**REMEMBER**
Preventive consumption involves taking only one glass of Dialytic Water per day. (Before breakfast or dinner).
DOSAGE

a) Curative Dose:  TWO GLASSES A DAY

• Drink a glass half an hour before breakfast
• Drink a glass an hour before dinner.

In this case you must use 2 ampoules.

c) Preventive Dose (prophylaxis):
TAKE ONE GLASS A DAY

• Just once a day, for example, before breakfast and half an hour before meals.

In this case you use only one ampoule and keep the other in the box for later use.

If necessary, you can vary the times of the doses (allowing 6 hours between each), but always on an empty stomach so that the Dialytic Water is not used during the digestion process but passes directly into the bloodstream.

It is also necessary to strictly follow the diet prescribed by your physician or dietician during treatment.
RESULTS AND OBSERVATIONS

No contraindications have been observed in the treatment with Dialytic Water. The reason is that Dialytic Water attacks the physical structure of the stones, not the chemical structure. Since it is not a chemical process, it does not attack mucous membranes or tissues.

There are two kinds of calcium in the human body: amorphous calcium (colloidal) and ionic calcium (metallic).

- Colloidal calcium is useful in the formation of bones, blood, bile, etc.
- Ionic calcium goes into the formation of salts, specifically carbonates, phosphates, calcium oxalates and urates, which are very harmful in their crystalline form. This is the type of calcium eliminated by Dialytic Water.

Dialytic Water avoids the danger of decalcification since the water prepared that way does not attack the colloidal calcium but tends to physically disintegrate the structures of the crystalline elements of the stones.

Therefore, Dialytic Water does not decalcify the body because it does not act against colloidal calcium (amorphous), but against the calcium metal salts (ionic) formations.

The removal of large stones is remarkable in the disintegration of their crystalline elements in the form of gravel and small stones, and the rejuvenation of tissues, as explained above. For these reasons, the elimination is often achieved free of pain, as difficult as it seems.
# DIFFERENTIATED TECHNICAL CHARACTERISTICS

## OF POTABLE WATER AND Dialytic Water

Study performed by Dr. Ervin Essenfeld-Yahr, Caracas

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>NORMAL POTABLE WATER</th>
<th>Dialytic Water</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dipole angle</td>
<td>Permanent dipole moment: 105°</td>
<td>Angle less than 105° and variable</td>
</tr>
<tr>
<td>Dipole moment</td>
<td>Normal</td>
<td>Higher</td>
</tr>
<tr>
<td>Dielectric constant</td>
<td>Normal</td>
<td>Higher</td>
</tr>
<tr>
<td>Solvent capacity and / or salt dissolution</td>
<td>Normal</td>
<td>Increased</td>
</tr>
<tr>
<td>Saline saturation point</td>
<td>Normal</td>
<td>Increased</td>
</tr>
<tr>
<td>Edges of crystallization</td>
<td>Sharp edges</td>
<td>Tendency to be blunted</td>
</tr>
<tr>
<td>Microscopic aspects of salt precipitation</td>
<td>Solid</td>
<td>Conglomerates lax and loose flakes</td>
</tr>
<tr>
<td>Measurement of static electricity charge</td>
<td>Less than 100 µV</td>
<td>350 µV to 1.3 volts. It is discharged when measured.</td>
</tr>
<tr>
<td>Freezing</td>
<td>Homogeneous glassy</td>
<td>Jumbled, chaotic, very showy and complicated crystal figures reminiscent of icebergs.</td>
</tr>
<tr>
<td>Laser light beam cutting through the water</td>
<td>Decreased and less luminous</td>
<td>Bright, vivid beam</td>
</tr>
<tr>
<td>Thawing</td>
<td>Normal</td>
<td>Slow and lasting</td>
</tr>
<tr>
<td>Precipitates</td>
<td>When solubles precipitate they form hard concretions</td>
<td>Calcium carbonate CaCO₃ precipitates in non-adherent, insoluble soft flakes</td>
</tr>
<tr>
<td>Effects on internal precipitates in pipelines</td>
<td>Insoluble, solidly adhered, occlusion of pipes with hard plaques.</td>
<td>Slow, progressive, crumbly dissolution with increased luminal diameter</td>
</tr>
<tr>
<td>Inversion of magnetic polarity</td>
<td>No</td>
<td>Si</td>
</tr>
<tr>
<td>Radioactive measurement (Geiger)</td>
<td>±7</td>
<td>Less than 20</td>
</tr>
<tr>
<td>Modification of magnetic polarity of mineral salts</td>
<td>No</td>
<td>Si</td>
</tr>
<tr>
<td>Restricts the formation and consolidation of calcareous deposits</td>
<td>Hard and adhered</td>
<td>If any, amorphous, soft, detachable</td>
</tr>
<tr>
<td><strong>Ionic charge</strong></td>
<td>Equal charge between water and dissolved minerals, crystallizes in hard crusts adhered to the walls of the ducts.</td>
<td>Uneven between the water and dissolved minerals, water has more ionic charge than minerals. Does not allow them to consolidate in the hard crust adhered</td>
</tr>
<tr>
<td><strong>Soaping power</strong></td>
<td>Normal</td>
<td>Improves</td>
</tr>
<tr>
<td><strong>Flavor</strong></td>
<td>Normal</td>
<td>Better</td>
</tr>
<tr>
<td><strong>Acidification</strong></td>
<td>Odor due to a contaminant</td>
<td>Neutralization, less smell of sulfur, chlorine and fluoride.</td>
</tr>
<tr>
<td><strong>Crusting on kettles</strong></td>
<td>Harder, adhered crusts</td>
<td>Less, it reduces them</td>
</tr>
<tr>
<td><strong>Staining by heavy metals such as iron and manganese</strong></td>
<td>Increased, it dyes salts with the colors of the contaminant</td>
<td>Decreased</td>
</tr>
<tr>
<td><strong>X-ray diffraction</strong></td>
<td>Calcium sulfite and calcium silicate are predominant</td>
<td>Calcium sulfite and calcium silicate are predominant</td>
</tr>
<tr>
<td><strong>Algae growth</strong></td>
<td>Increased</td>
<td>Decreased</td>
</tr>
<tr>
<td><strong>Overview</strong></td>
<td>Compared to precedent</td>
<td>Removes sludge Embedding control Reduces salt deposits Intensifies crystallization and coagulation Improves the bactericidal action of disinfectants Accelerates the diffusion of reagents Improves the efficiency of ion exchange resins Extracts metals Facilitates nucleation in hardening</td>
</tr>
</tbody>
</table>
REPORT ON THE KIRLIAN PHOTOGRAPHS

Differences between normal water and Dialytic Water:

The test consisted in taking two Kirlian photographs, one of normal (potable) water and the other of Dialytic Water, to compare and analyze the differences.

KIRLIAN PROTOGRAPH OF NORMAL POTABLE WATER

A very regular energy field of just “one” dimension can be observed. Normal emission of energy between the water and electricity; it is fair to say that the corona effect corresponds to the ozone and the blue color to hydrogen.

KIRLIAN PROTOGRAPH OF Dialytic Water

It should be emphasized that from the simple emission of the energy of normal water (untreated), a totally different complexity has been attained in its composition; it not only looks like pure water but it projects an “aura plasma” reminiscent of the energy changes of the sun.

We can observe “internal explosions” that free energy with considerable intensities; at the quantum plane there is an elevated emission of protons, neutrons and electrons that have been triggered.

Around the water there is a kind of gas which makes a third dimension appear or a different state than untreated water.
The study was performed by Xavier Rosique López of Barcelona (Spain), a Bachelor in Psychology of the Cybernetic University of Ramos Mejía (Buenos Aires, Argentina) and specialist in Biofeedback from the Poytechnic University of Catalonia (Spain).

The study was made January 18, 1999 using a Kirlian camera, Biocyber-Bioart model K.4, with an output current of 8 and exposition time of 2 seconds for both photographs.

Commercial spring water from Viladrau de las Montañas of Montseny (Catalonia, Spain) was used as mineral water.

A sample of 5 drops of water were used for the first photograph.

For the second, a sample was also taken of 5 drops of Dialytic Water prepared with the SLACKSTONE II® System (following the instructions of the prospect).

### STUDY WITH KIRLIAN PHOTOGRAPHS IN PEOPLE

**BEFORE**

drinking *Dialytic Water*

**30 minutes AFTER**

drinking *Dialytic Water*

The photographs were taken on October 7, 1995 by Xavier Rosique López of Barcelona (Spain), a Bachelor in Psychology of the Cybernetic University of Ramos Mejía (Buenos Aires, Argentina) and specialist in Biofeedback from the Poytechnic University of Catalonia (Spain).
DIFFERENTIAL ANALYSIS BETWEEN FILTERED POTABLE WATER AND FILTERED Dialytic Water

1.- Protocol:
The purpose of this analysis is to make a crystallization plaque with a copper chloride additive following the method called sensitive crystallization to highlight the qualitative differences between two types of water:

- Tap water (from Paris) filtered by an activated carbon Brita type filter: witness
- Tap water filtered through activated carbon and left 24 hours in contact with a SLACKSTONE II® ampoule to prepare Dialytic Water.

2.- Materials and methods:
The materials used in the experiment are:
- A personal model of a sensitive crystallization oven equipped with a temperature regulator and another for hygrometry.
- Two flat plates covered with a crystal ring.
- Two Petri dish covers.
- Two Britta test tubes that allow the water to settle for 24 hours.
- A SLACKSTONE II® ampoule, Lot: S084, Expiry date: 11-2013, YBORRA LAB, S.L.U. Luis I, 70 - 28031 MADRID, Spain
- 1g of caseinate mixed with 500ml of each water to produce a sample (protein base): Caseinate Na+, Armor Proteins, Lot C7576
- 96% Copper chloride CUCI2 2(H2O) from Ranchet laboratory: Lot reference 01 313 250. Ranchet: 1 rue Jacquard ZI 69680 CHASSIEU. This copper chloride is prepared in soluble form and diluted 10% to test the samples.
- Glassware and test tubes required for the preparations.

The experiment consisted in preparing two samples of water + caseinate and letting the samples soak for 24 hours, one with a SLACKSTONE II® ampoule, the other without. The following mixture resulted after the 24 hours:
- 2ml demineralized water
- 2ml aqueous sample for testing (1g of caseinate for 500ml of filtered water)
- 2ml of copper chloride

Four plates were prepared simultaneously.
- Filtered Dialytic Water and filtered plain water on two flat plates with a crystal ring.
- Filtered Dialytic Water and filtered plain water on two Petri dishes.
The dehydration conditions were as follow:

- Temperature kept for 12 hours at 28°C max.
- Hygrometry kept for 12 hours at 62% max.

The experiment was carried out February 15, 2009 around 20 hours. After about ten hours, the crystallizations began to form starting from a germination core.

3.- Results and conclusion

Whichever the glassware used, whether a flat plate or a Petri dish, the results show a distinct difference between the two types of water (plates furnished with this report):

Plain filtered water: Small germination core, somewhat diffuse, dense intermediate area. With the Petri dish, the intermediate area around the core features gaps even, voids without crystals. Texture is dense, rather weak, especially around the core. Plates show numerous condensation stains, either around the core or in the periphery. The periphery is quite wide, which represents a general sign of reduced vitality. Condensation stains are signs of poor filtration, contamination, or saturation, which indicate a poor quality.

Figure 1: Petri dish with plain filtered water

Filtered Dialytic Water: The germination core is more open, the intermediate area is more visible and the texture is far more substantial, developing richer secondary branching than the plain filtered water. The periphery is smaller. This sample shows a crystallographic quality superior to the filtered plain water which could evidence decontamination or purification of the water that in this regard would be a better crystallization image.

Figure 1: Petri dish with filtered Dialytic Water

Considering this test, we believe that the SLACKSTONE II® ampoule is effective in purifying water or providing it with a greater energetic or vibratory quality.

Author: Thierry FOLLIARD- Environmental Energy Engineer, Naturopath and Health expert.
PRINCIPLE:

Based on the laws of physics, it changes the position of the H-O-H atoms of the water molecule in order to augment the capacity water has to dissolve crystalline bodies in the organism. The action is caused by the different salt crystals contained in the SLACKSTONE II® ampoule which, when entering into contact with water, produces low potential energy and thus a Dialytic Water.

ACTION:

Once absorbed by the body, Dialytic Water has been shown to be effective in loosening crystalline aggregates (kidney and gallbladder stones, uric acid, etc.), rounding them off, eliminating all sharp points and edges, facilitating their elimination or preventing the formation of new aggregates. It has no counterindications, incompatibilities or side-effects - it is not aggressive (chemical), but is a physical treatment which does not attack the assimilable calcium. It "activates" the water, but does not modify its essential characteristics.

USE:

Dialytic Water is prepared by placing an ampoule of SLACKSTONE II®, set vertically, in an ordinary tall glass containing approximately a quarter of a liter of water. It is to be left at room temperature (the temperature should neither rise nor fall) for 24 hours and then the water is drunk. The whole procedure is then repeated.

DOSAGE:

For fast action in acute cases: 2 glasses per day, before breakfast and supper. (Both the ampoules in the box should be used, one for each dose).

As a preventive measure to avoid relapse: 1 glass per day (before breakfast). Dialytic Water should normally be taken over an extended period of time (3 months minimum). The treatment may be stopped for a few weeks and then started again.

OBSERVATIONS:

Each ampoule of SLACKSTONE II® will make 40 glasses of Dialytic Water. It must then be replaced with a new one. Dialytic Water may not be used to make tisanes or infusions, even though these may be taken separately. Bottled mineral water need not be used, but may be recommendable in areas in which the tap water is very hard. If the ampoules turn yellow it will not affect their effectiveness. SLACKSTONE II® ampoules are made exclusively by LAB YBORRA, S.L.U. Please do not hesitate to contact us if you require further information on the product.
FUNDAMENTO:

Está basado en las leyes físicas y consiste en la modificación de la posición de los átomos H-O-H de la molécula del agua, con el fin de aumentar la capacidad que ya de por sí tiene el agua, para disolver cuerpos cristalinos en el organismo. Esto se consigue mediante los cristales de diversas sales contenidos en la ampolla SLACKSTONE II®, que en contacto con el agua produce una energía de bajo potencial y da lugar al Agua Dialítica.

Átomo de agua ordinario

Átomo de Agua Dialítica

ACCIÓN:

El Agua Dialítica, una vez incorporada al organismo, ha demostrado su eficacia para disgregar agregados cristalinos (cálcules de riñón, de vesícula, ácido úrico, etc.) y redondearlos, al eliminar picos y aristas, facilitando su expulsión o evitando que se formen de nuevo. No tiene contraindicaciones, incompatibilidades ni efectos secundarios, ya que no es un tratamiento agresivo (químico) sino físico, que no ataca al calcio asimilable. «Activa» el agua, pero no modifica sus características esenciales.

MODO DE EMPLEO:

El Agua Dialítica se prepara introduciendo una ampolla de SLACKSTONE II® verticalmente, sin abrirla ni romperla, dentro de un vaso alto (de uso corriente) que contenga aproximadamente un cuarto de litro de agua. Se debe mantener a temperatura ambiente, sin enfriar ni calentar, durante 24 horas, bebiendo después el agua y repitiendo la operación.

POSOLOGÍA:

Para lograr efectos más rápidos en casos agudos: 2 vasos al día, antes del desayuno y cena. (Son necesarias las 2 ampollas de la caja, una para cada toma).

Como preventivo, para evitar recaídas: 1 vaso al día (antes del desayuno). Normalmente se debe tomar Agua Dialítica durante bastante tiempo (3 meses como mínimo). Se puede interrumpir el tratamiento durante algunas semanas, para reanudarlo después.

OBSERVACIONES:

Cada ampolla de SLACKSTONE II® sirve para preparar 40 vasos de Agua Dialítica. Pasado ese tiempo hay que sustituirla por una nueva. No se puede utilizar en tisanas o infusiones, aunque se pueden tomar aparte. No es necesario utilizar agua mineral, aunque resulte conveniente en lugares donde el agua corriente sea muy dura. El color más o menos amarillento de las ampollas no influye en su actividad. Las ampollas de SLACKSTONE II® son preparadas exclusivamente por LAB YBORRA, S.L.U. Si necesita más información de nuestro producto, no dude en consultarnos.
PRINCIPES BASIQUES :

En prenant comme base les lois de la physique, la solution agit en changeant le positionnement que les atomes H-O-H occupent dans la molécule d'eau, ce qui aboutit à une augmentation de la capacité que l'eau possède à l'état naturel. L'eau ainsi modifiée, qui a été appelée Eau dialytique, acquiert la capacité de dissoudre les corps cristallins qui se trouvent déposés dans l'organisme. Cet effet est obtenu avec les divers sels que contient une ampoule de SLACKSTONE II®, étant donné qu'elle dégage, au moment d'entrer en contact avec l'eau, une énergie de faible puissance qui opère la transformation de l'eau courante en l'Eau Dialytique.

ACTION :

Une fois assimilée par l'organisme, l'Eau Dialytique se révèle d'une grande efficacité dans la désagrégation des dépôts cristallins (calculs du rein, de la vésicule biliaire, l'acide urique, etc.), mais aussi dans la tâche de les arrondir, car elle en lime les arêtes vives et les aiguilles, en sorte que leur évacuation est rendue plus aisée ; en même temps, elle freine ou empêche la formation de nouveaux calculs. Il n'y a pas de contre-indications, pas d'incompatibilités et aucun effet secondaire, puisqu'il ne s'agit pas d'un traitement agressif (chimique), mais d'un procédé physique qui ne s'attaque pas au calcium assimilable. Les sels « activent » l'eau sans toutefois en modifier les caractéristiques essentielles.

MODE D'EMPLOI :

Pour préparer l'Eau Dialytique il suffit de plonger, en position verticale et sans l'ouvrir ni la briser, une ampoule de SLACKSTONE II® dans un verre ordinaire assez haut de forme, pouvant contenir à peu près un quart de litre d'eau. Ensuite, il faut laisser la préparation au repos à température ambiante, sans la refroidir ni la chauffer, pendant 24 heures. L'Eau Dialytique est alors prête. Après l'avoir bue, il faut recommencer l'opération.

POSOLOGIE :

Pendant les crises aiguës : pour obtenir des effets plus rapides, il faut en boire deux verres par jour, un avant le petit déjeuner et l'autre avant le dîner. (Les deux ampoules de la boîte sont nécessaires pour pouvoir préparer les deux prises journalières, celle du matin et celle du soir).

Prévention des rechutes : un verre par jour, avant le petit déjeuner. Nous recommandons de poursuivre ce traitement à l'Eau Dialytique pendant assez longtemps, trois mois au moins. En alternance, arrêt des prises d'Eau dialytique pendant quelques semaines, puis reprise.

OBSERVATIONS :

Chaque ampoule de SLACKSTONE II® sert à la préparation de 40 verres d'Eau Dialytique. L'ampoule doit être remplacée par une ampoule neuve lorsqu'elle a servi à la préparation de 40 verres. Les ampoules de SLACKSTONE II® ne peuvent pas être employées pour la préparation de tisanes ou d'infusions, mais ces boissons peuvent être bue séparément. Il n'est pas nécessaire d'employer de l'eau minérale dans la préparation de l'Eau Dialytique, bien que son usage soit recommandé lorsque l'eau courante est très dure. La coloration plus ou moins jaunâtre des ampoules n'affecte aucunement leur activité. Les ampoules de SLACKSTONE II® sont élaborées en exclusivité par les LAB YBORRA, S.L.U. Nous sommes à votre disposition pour vous fournir tout autre renseignement que vous jugeriez utile. N'hésitez pas à nous consulter.
FUNDAMENTO:
Baseia-se nas leis da física e consiste na modificação da posição dos átomos H-O-H da molécula da água, a fim de aumentar a capacidade, que a água por si mesma já tem, para dissolver os corpos cristalinos no organismo. Isto consegue-se mediante os cristais de diversas saíss contidos na ampola SLACKSTONE II® que, em contacto com a água produz uma energia com um potencial baixo e dá lugar à Água Dialítica.

Átomo de água ordinária

Átomo de Água Dialítica

ACÇÃO:
A Água Dialítica, após a sua incorporação no organismo, tem demonstrado a sua eficácia para fragmentar as concreções cristalinas (cálculos nos rins, na vesícula, ácido úrico, etc.) e arredondar-los, pois elimina os bicos e as arestas, facilitando a sua expulsão ou evitando que se originem de novo. Não tem contra-indicações, incompatibilidades, nem efeitos secundários, posto que não é um tratamento agressivo (químico) mas sim físico, que não ataca o cálcio assimilável. "Activa" a água, mas não modifica as suas características essenciais.

MODO DE EMPREGO:
A Água Dialítica prepara-se introduzindo uma ampola de SLACKSTONE II® verticalmente, sem abri-la nem parti-la, dentro de um copo alto (dos que se utilizam normalmente) que contenha aproximadamente um quarto de litro de água. Deve-se manter com a temperatura ambiente, sem arrefecer nem aquecer, durante 24 horas, bebendo depois a água e repetindo a operação.

POSOLOGIA:
Para conseguir uns efeitos mais rápidos nos casos agudos, 2 copos ao dia, antes do pequeno almoço e do jantar. (São necessárias as duas ampolas da caixa, uma para cada dose). Como preventivo, para evitar recadações: 1 copo cada dia (antes do pequeno almoço). Normalmente deve-se tomar a Água Dialítica durante bastante tempo (3 meses como mínimo). Pode-se interromper o tratamento durante algumas semanas, para depois voltar a reiniciá-lo.

OBSERVAÇÕES:
Cada ampola de SLACKSTONE II® serve para preparar 40 copos de Água Dialítica. Passado este período de tempo será necessário substituí-la por uma nova. Não se pode utilizar para preparar tisanas ou infusões, se bem podem ser tomadas à parte. Não é necessário utilizar água mineral, no entanto pode ser conveniente nos lugares onde a água canalizada for muito dura. A cor das ampolas pode ser mais ou menos amarelenta, mas esta circunstância não vai influenciar a sua actividade. As ampolas de SLACKSTONE II® são preparadas exclusivamente pelo LAB YBORRA, S.L.U. Se desejar uma informação adicional acerca do nosso produto, não duvide em consultar-nos.
Für die Zubereitung Dialytischen Wassers

**Grundlage:**
Es beruht auf physischen Gesetzen und besteht in der Veränderung der Position der Atome H-O-H des Wassermoleküls mit dem Ziel, die Fähigkeit zu erhöhen, die das Wasser schon hat, um die Kristallkörper im Organismus aufzulösen. Das wird erreicht durch die Kristalle verschiedener Salze, die die Ampulle SLACKSTONE II® enthält. Diese erzeugt eine Energie niedriger Spannung in Kontakt mit dem Wasser und daraus ergibt sich das Dialytische Wasser.

**Atom normalen Wassers**

**Atom Dialytischen Wasser**

**Wirkung:**
Das Dialytische Wasser, einmal es sich im Körper befindet, hat sich als wirksam bei der Zerlegung von Kristallaggregaten (Nierensteine, Gallenblasenstein, Urinsäure, usw...) und bei ihrer Abrundung erwiesen, denn es beseitigt Spitzen und Kanten und damit vereinfacht ihre Abstoßung oder vermeidet eine Neubildung. Es hat keine Gegenanzeigen, Unverträglichkeiten oder Nebenwirkungen, da es keine aggressive (chemische), sondern eine physische Behandlung darstellt, die das aufnehmbare Calcium nicht eingreift. Es "aktiviert" zwar das Wasser, ändert jedoch nicht seine Hauptmerkmale.

**Art der Anwendung:**

**Dosierungsanleitung:**

**Anmerkungen:**
PRINCIPI:
Si basano sulle leggi fisiche e consistono nella modifica della posizione degli atomi di H-O-H della molecola dell'acqua, al fine di aumentare la capacità, che di per se ha l'acqua, di sciogliere corpi cristallini nell'organismo. Questo si raggiunge attraverso i cristalli di diversi sali contenuti nel flacone di SLACKSTONE II® che, a contatto con l'acqua, producono una energia a basso potenziale e danno luogo All'Acqua Dialitica.

AZIONE:
All'Acqua Dialitica, una volta è stata assorbita dall'organismo, ha dimostrato la sua efficacia nello sciogliere gli aggregati cristallini (calcoli di rene, di vescicola, acido urico, ecc.) e arrotondargli, affinché spariscano i picchi e gli angoli, facilitando così la loro espulsione o evitando che si formino di nuovo. Non ha controindicazioni, incompatibilità ne effetti indesiderati, perchè non si tratta di una cura aggressiva (chimica) ma fisica, che non danneggia il calcio assimilabile. "Attiva" l'acqua, però non modifica le sue caratteristiche essenziali.

MODO DI SOMMINISTRAZIONE:
All'Acqua Dialitica si prepara introducendo verticalmente un flacone di SLACKSTONE II®, senza aprirla ne romperla, dentro un bicchiere alto (di uso comune) che contenga approssimativamente un quarto di litro di acqua. Bisogna mantenerlo a temperatura ambiente, senza raffreddarlo ne scaldarlo, per 24 ore, bevendo dopo l'acqua e ripetendo l'operazione.

DOSE:
Per ottenere effetti più veloci in casi acuti: 2 bicchieri al giorno, prima di colazione e cena. (Sono necessari i 2 flaconi della scatola, uno per ogni somministrazione).

Per prevenire ricadute: 1 bicchiere al giorno (prima di colazione). Normalmente bisogna prendere All'Acqua Dialitica per un periodo abbastanza lungo (3 mesi minimo). Si può interrompere la cura per alcune settimane e riprenderla dopo.

OSSERVAZIONI:
Ogni flacone di SLACKSTONE II® serve per preparare 40 bicchieri di All'Acqua Dialitica. Trascorso questo periodo bisogna sostituirlo per uno nuovo. Non si può usare per tisane o infusioni, anche se possono essere prese separatamente. Non è necessario usare acqua minerale, anche se è consigliabile laddove l'acqua sia molto dura. Il colore più o meno giallo delle botiglie non influenza nella loro attività. I flaconi di SLACKSTONE II® vengono preparati in modo esclusivo da LAB YBORRA, S.L.U. Qualora necessitasse ulteriori informazioni, la preghiamo consultarci.
Βάση:
Βασίζεται στους φυσικούς νόμους και συνίσταται στην τροποποίηση της θέσης των ατόμων H-O-H του μορίου του νερού, με σκοπό να αυξήσει η ικανότητα, που ήδη το νερό έχει από μόνο του, ώστε να διαλύεται κρυσταλλικά σωματιδία στον οργανισμό. Αυτό επιτυγχάνεται μέσω των κρυστάλλων διαφόρων αλάτων που εμπεριέχονται στην αμπούλα του SLACKSTONE II®, τα οποία όταν έρχονται σε επαφή με το νερό παράγουν ενέργεια χαμηλού δυναμικού και έτσι προκύπτει το Διαλυτικό Νέρο:

Ατόμο κοινού νερού

| H | O | H |

Ατόμο Διαλυτικού Νέρου

| H | O | H |

Δράση:
Το Διαλυτικό Νέρο, αφού μπει στον οργανισμό, αποδεικνύει την αποτελεσματικότητά του για να αποσπασθεί κρυστάλλικας σχηματισμούς (πέτρες νεφρών, κόπτης, ουρικού οξέος, κλπ.) και να τις στρογγυλέψει στα αιχμηρά άκρα και τραχείς πλευρές τους, διευκόλυντας την αποβολή τους ή αποτρέποντας τον επανασχηματισμό τους.
Δεν έχει αντινείξεις, ασυμβατότητες ήτοι παρενέργειες, αφού δεν πρόκειται για επαθητική θεραπεία (χημική) αλλά φυσική, αφού δεν προσβάλλει το αφομοιώσιμο ασβέστιο. ‘Ενεργοποιεί’ το νερό, αλλά δεν τροποποιεί τα ουσιαστικά χαρακτηριστικά του.

Τρόπος χρήσεως:
Το Διαλυτικό Νέρο παρασκευάζεται εισέρχοντας μια αμπούλα SLACKSTONE II® κάθετα, χωρίς να έχει προηγουμένως ανοιχτεί, ή χρονικά, μέσα σε ένα ψηλό ποτήρι (συνηθισμένης χρήσης) που να περιέχει περίπου ¼ του λίτρου νερό. Πρέπει να διατηρηθεί σε θερμοκρασία περιβάλλοντος, χωρίς να ψυχθεί ήτοι να θερμανθεί, για 24 ώρες. Έπειτα, το νερό πίνεται και επαναλαμβάνεται η διαδικασία.

Δοσολογία:
Για να επιτύχετε χρησιμότερα αποτελέσματα σε οξείες καταστάσεις: 2 ποτήρια την ημέρα, πριν από το πρωινό και το βραδινό γεύμα (είναι απαραίτητες και οι δύο αμπούλες του κουτιού, μια για κάθε λήψη). Προληπτικά, για να αποφευχθεί υποτροπή: 1 ποτήρι την ημέρα (πριν από το πρωινό γεύμα).

Συνήθως το Διαλυτικό Νέρο πρέπει να λαμβάνεται για αρκετό καιρό (3 μήνες τούλαχιστον). Μπορεί να διακοπεί το θεραπευτικό σχήμα για μερικές εβδομάδες, για να επαναληφθεί η χρήση του μετά την διακοπή.

Παρατηρήσεις:
Κάθε αμπούλα SLACKSTONE II® χρησιμοποιεί για την προετοιμασία σαράντα (40) ποτηριών Διαλυτικού Νερού. Όταν παρέλθει ο χρόνος αυτός πρέπει να αντικατασταθεί με μια νέα αμπούλα.
Δεν μπορεί να χρησιμοποιηθεί σε αφετηρία ή ροή, κατά και αυτά μπορούν να ληφθούν αλλά ξεχωριστά. Δεν είναι απαραίτητο να χρησιμοποιηθεί μεταλλικό νερό, αν και κρίνεται ενδεικτική η χρήση του σε περιοχές όπου το τρεχούμενο νερό είναι πολύ σκληρό. Το χρώμα, λίγο-πολύ κτιριωτικό, που έχουν οι αμπούλες δεν επηρεάζει τη ρύπα τους. Οι αμπούλες SLACKSTONE II® παρασκευάζονται αποκλειστικά από το εργαστήριο LAB YBORRA S.L.U., CIF EΒ80359474. Εάν χρειάζεστε περισσότερες πληροφορίες για το προϊόν μας, μη διστάσετε να μας συμβουλευθείτε.
ADDRESSES OF INTERES

In Spain the SLACKSTONE II® System is commonly sold in pharmacies, drugstores, dietetic stores and the Online Shop of the website: www.litiasis.com

For more information and Official Distributors in other countries, please contact:

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GUIDE TO DIETARY GUIDELINES FOR LITHIASIS

SPECIAL DIET FOR URIC ACID

**Foods:**

<table>
<thead>
<tr>
<th>Good foods/Dietetic foods</th>
<th>Bad foods / Foods that cause lithiasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fresh fruits and jams</td>
<td>Dried beans (Beans, lentils, chickpeas, etc.)</td>
</tr>
<tr>
<td>Cereals (Wheat, rice, oats, etc.)</td>
<td>Animal fats (Sausages, pork, butter and sauces)</td>
</tr>
<tr>
<td>Starches (Potatoes, tapioca, etc.)</td>
<td>Game meat and remains: (Brain, kidneys, liver)</td>
</tr>
<tr>
<td>Vegetables (green beans, leeks, carrots, zucchini)</td>
<td>All seafood</td>
</tr>
<tr>
<td>Milk and soft cheeses.</td>
<td>Salted fish: (Herrings, anchovies, sardines)</td>
</tr>
<tr>
<td></td>
<td>Broadleaf vegetables (Spinach, chard, etc.)</td>
</tr>
<tr>
<td></td>
<td>Strong cheeses</td>
</tr>
<tr>
<td></td>
<td>Cocoa, chocolate</td>
</tr>
<tr>
<td></td>
<td>Nuts (Peanuts, almonds, etc.)</td>
</tr>
<tr>
<td></td>
<td>Salt and spices</td>
</tr>
<tr>
<td></td>
<td>Liquors and mature wines</td>
</tr>
<tr>
<td></td>
<td>Coffee and tea</td>
</tr>
</tbody>
</table>

**Neutral / Reduce consumption**

| White meats (veal and chicken)                  |                                                                 |
| White fish                                     |                                                                 |
| Eggs                                           |                                                                 |
| Beans, peas, cabbage, asparagus                |                                                                 |

**Therapeutics:**

- Alkalize urine (sodium bicarbonate, magnesium oxide)
- Take alkaline mineral waters (Vichy type)
# SPECIAL DIET FOR CALCIUM OXALATE

## Foods:

<table>
<thead>
<tr>
<th>Good foods/Dietetics foods</th>
<th>Bad foods / foods producing lithiasis</th>
</tr>
</thead>
</table>
| **Cereals**  
(Wheat, rice, corn, all kinds of bread)                   | **Fruits in general**  
(Especially strawberries, raspberries, figs, bananas)       |
| **Pasta**  
(Spaghetti, noodles, macaroni)                           | **Vegetables in general**  
(Especially tomatoes)                                      |
| **Meat, poultry, fish, eggs**                                | **Dried beans**  
(Bean, lentils, chickpeas, etc.)                              |
| **Cranberries, prunes**                                      | **Concentrated foods and sauces**                             |
| **Starches**  
(Potatoes, tapioca, etc.)                                 | **Cocoa, chocolate**                                          |
| **Vegetables**  
(Carrots, onions, zucchini, leeks, etc.)                  | **Salt and spices**                                           |
| **Neutral / Reduce consumption**                             | **Alcoholic beverages in general**                            |
| **Milk and dairy products**  
(Cheese, yogurt, curd, butter, etc.)                        | **Coffee and tea**                                            |

## Therapeutics:

- Acidify urine
- Administer Vitamin B6 daily
- Do not administer Vitamin C
- Occasionally, take Vitamin A and folic acid.
# SPECIAL DIET FOR CALCIUM PHOSPHATE

## Foods:

<table>
<thead>
<tr>
<th>Good foods/Dietetics foods</th>
<th>Bad foods / foods producing lithiasis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fruit juices (Citrus)</td>
<td>Milk and dairy products (Cheese, yogurt, curd, butter, etc.)</td>
</tr>
<tr>
<td>Cereals: (Wheat, rice, corn, etc.)</td>
<td>Chocolate, cocoa, nuts Fruits in general (Especially strawberries, bananas, figs)</td>
</tr>
<tr>
<td>Pasta, bread and flour</td>
<td>Vegetables (Especially broadleaf vegetables: spinach, chard, cabbage, etc.)</td>
</tr>
<tr>
<td>Meats, poultry</td>
<td>Alcoholic Beverages</td>
</tr>
<tr>
<td>White or blue fish</td>
<td>Alkaline mineral waters (Vichy type)</td>
</tr>
</tbody>
</table>

## Neutral / Reduce consumption

- Eggs and egg-containing foods

## Therapeutics:

- Acidify the urine (ammonium chloride)
- Administer Vitamin B₆ and C.
GENERAL RULES

- Avoid a sedentary lifestyle
- Participate in daily physical activity (gym exercise or walking)
- Reduce weight (moderate low calorie diet)
- Avoid constipation (consume vegetable fiber)
- Avoid cold in the stomach and back (lumbar region)
- Avoid moisture in hands and feet
- Increase fluid intake (2-3 liters a day)
- And always take *Dialytic Water*
GENERAL DIETARY STANDARDS IN BILIARY PROCESSES

The diet in bile processes should serve to avoid symptoms of liver colic and biliary dyspepsia, but does not prevent the formation of new stones. The same bile diet does not work for all patients, but in general terms it is convenient to:

- Restrict fat in the diet.
- Note that the volume by intake can cause the same symptoms as fat intake.
- Avoid flatulence (foods rich in soluble fiber) as also they cause the same symptoms.
- Avoid constipation.

Fatty foods

- Any type of cocoa is not tolerated by any patient.
- Milk and dairy products should be skimmed/low fat. There are not enough low-fat cheeses, hence their consumption is not recommended.

- Meat and meat products: all visible fat must be removed.
  - lamb meat almost always has fat that's not visible
  - pork meat fat usually has invisible fat
  - cured meats are high in fat, so they are fully advised against
  - low-fat cooked ham exists, but you must wait for the symptoms to disappear before consuming it.
  - non-fat meats (with 8-10% invisible fat):
    - veal
    - chicken
    - turkey
    - horse
    - rabbit
    - perhaps ox

- Fish
  - white fish (1-2% fat) is tolerable.
  - blue fish or fatty fish (10-12% fat) is strongly discouraged.
  - shellfish is low in fat (a maximum of 5% fat), yet it is discouraged.
• **Eggs** (6% fat): Fat is only in the yolk and its consumption is strongly discouraged because it produces a continuous contraction of the gallbladder.

• **Group of fatty foods**
  - crude oil is much better tolerated than frying oil. You must distribute the intake of crude oil throughout the day.
    - vegetable margarines are tolerated better than butter, but are not recommended.
    - all visible animal fat should be eliminated.
    - fatty nuts (50% fat) are discouraged.

• **Cooking methods**
  - With little incorporated low fat
  - without frying
  - do not heat fat above 100 °C
  - Crude, boiled, grilled, steamed, in papillote (wrapped in greaseproof paper or aluminum foil)

When you have been free of symptoms for a few weeks, you can have a food or use a cooking method you were used to before the problem and that you miss. It may be tolerated, but it must be done gradually and cautiously.

**Progressive Biliary Diet**

1. **Liquid Biliary Diet**
   - skim milk
   - fruit juice
   - defatted vegetable or meat bouillon

2. **Semi-liquid Biliary Diet**
   - skimmed yogurt
   - fruit puree, boiled apple
   - semolina with non-fat broth
   - mashed potatoes with skim milk (and perhaps vegetable margarine)
   - commercial mashed meat or fish products of the baby food series
   - puddings made with skim milk: you must be sure of its origin before ingesting.
3. Soft Biliary Diet
   - only boiled foods
   - no raw or grilled foods
   - skimmed milk and yogurts
   - boiled meat: chicken, veal (meatballs or similar)
     - chicken
     - veal as meatballs or similar
     - cooked ham with no visible fat
     - boiled hake or monkfish (whitefish)
   - no flatulent vegetables: boiled, mashed or not. Chard and tender beans
   - boiled fruits, fruits in syrup (drained) not for the first day, quince
   - white bread, sliced bread, bread with soft crust
   - infusions: non stimulant (no coffee, malt yes)
   - no almond cream because has a high fat concentration
   - some jam
   - a bit of sugar

4. Normal Biliary Diet
   - No cocoa
   - No frying
   - Methods of cooking: grilled, boiled, using double-bottomed pans

5. Diet in simple cholecystectomy

   If there gallbladder stones, removal of the gallbladder is usually decided. You must then follow a diet with the following characteristics, starting after surgery:

   1. Start liquids intake 24 hours after surgery.
   2. If tolerated, after 48 hours start semi-liquid, low fat biliary diet (½ portion).
   3. After 72 hours, soft biliary diet (½ portion).

   If tolerance has been good, continue with an easily digestible diet in moderate amounts. Continue the biliary diet for 6-9 months.
**Cholecystectomy**

Cholecystectomy (not simple) refers to when, in addition to removing the gallbladder, the common bile duct is also opened on suspicions of finding stones in it. The sphincter of Oddi is also opened to keep it always open.

A slower progression diet should be followed in the case of simple cholecystectomy.

**IMPORTANT NOTE:**

Therapeutic diets should be personal and depend on your medical condition and specific food culture.

The specification of food (specific menus) right for you may not be right for someone else and therefore the information we provide is generic.

Please note that this information is not intended to replace any treatment or to induce self-prescription.

Always ask your doctor or specialist who knows the status of your health best, and must prescribe the diet right for you.
SLACKSTONE II® TESTIMONIALS

Miguel Vargas  
Albacete, Spain

I’m probably repeating what so many people have been. I, in particular, suffered from a series of nephritic cramps for 21 days and several trips to the hospital emergency room. In this condition, I was told about the SLACKSTONE II® method and immediately did the test. In a few days, the ailment was history. I think this miraculous method should be shared and reach as many people as possible who suffer from diseases such as mine and that undoubtedly would disappear when used properly. Thank you.

Maite Esteban  
Madrid, Spain

It’s like magic! Such a simple thing, that’s not chemistry, we are not used to that. In my case, after taking it for 10 days, morning and night, I began to expel bits of stones. I had been receiving Voltaren injections every 12 hours between half vials of Nolotil for 15 days. A friend, who was an acquaintance of Father Martín-Artajo told me about it. I am very grateful to the SLACKSTONE II® System.

Fernando Martin-Artajo Gutiérrez  
Madrid, Spain

I am Father Jose Ignacio’s nephew and he blessed my wedding. Whenever I can, I promote his invention. The last time I bought it at a pharmacy in the Lope de Rued Street to give the ampoules to a neighbor of Villarrubia de Santiago (Toledo), who was writhing in pain when he expelled a kidney stone. Once he tried the Dialytic Water, he said: “Fernando, I pee in a urinal, I hear the stone falling, but don’t feel it coming out. You have no idea of the hell you have saved me from.”

Eduardo Ostos  
Orlando – Florida- United States

It’s excellent. My brother avoided surgery thanks to Dialytic Water. Everyone we know is aware of how good this product is. We’d like to work with you as distributors. Thanks.

Enrique Hernández González  
Madrid, Spain

I began prescribing SLACKSTONE II® after reading an article in DSalud as a supplement of homeopathic therapy and diet. I’ve obtained excellent results in the different kinds of lithiasis. I would appreciate it if you kept me informed of the clinical data, additional data, protocols or seminars that you host in the future.
Dr. Margarita Romero Martín
Madrid – Spain

As a physician specializing in Preventive Medicine and Public Health as well as Medical Hydrology and Professor of Preventive Medicine and Public Health of the Complutense University of Madrid and consultant to the Medical Board of the Alange Thermal Spa: I wish to express that the SLACKSTONE II® System is an extraordinary therapeutic resource in the field of lithiasis pathology, amply proven in general medical clinical practice as well a preventive resource due to its purifying effects.

In the Alange Thermal Spa we observed that these effects contribute to the action of its mineral medicinal waters providing satisfactory results in the recovery, maintenance and promotion of HUMAN HEALTH by NATURAL MEANS according to the different age groups.

Dr. Francisco Javier Lara Guevara
San Luis de Potosí – Mexico
«Dr. Ignacio Morones Prieto» Central Hospital

I wish to congratulate you on your product, which I find most interesting and awesome. I’ve had the “fortune” of suffering repeated urolithiasis episodes and I know exactly what a non-surgical cure entails since I’m an anesthesiologist. In addition to my private practice, I work in a 500-bed hospital in an endemic area in my country where 5 of every 100 patients have this disease. It’s a shame that this product isn’t marketed in my country.

I would like to inquire if this product could be made available in Mexico, since I’m very interested in using it.

A great number of people could benefit from it, so is it possible to have more information and scientific supporting data of this product? Thank you.

Fernando García de la Fuente
Valladolid – Spain

Hello, I’m Fernando and I practice naturopathy. I’ve seen surprising results with this product, the most important is that a kidney stone the size of a very large chickpea disappeared.

Besides helping my mother to get rid of her “modestly sized” kidney stone, it helped a cousin of mine who is a priest in Medina del Campo to alleviate the problems caused by uric acid. For all of this I am very grateful for this method. I must confess that at the beginning I was very skeptical of the method as well as other techniques of natural medicine. Thank you very much.

Apolo Buendía Medina
Collado Mediano – Madrid – Spin

I’ve just heard about the SLACKSTONE II® System through my doctor who recommended it due to his personal experience, since his father used it successfully. I have stones in both kidneys and have started treatment with much enthusiasm and hope that this system will free me of this problem.

For now I can’t give my opinion on the results but I’ve received several recommendations of the product.

I hope everything turns out well and that I can soon provide you with my opinion. Thanks.
Josefa Codina Provinciale  
Hospitalet del Infante - Tarragona – Spain

My dear sirs:
I’m writing these lines on the occasion of the hundredth birthday of Father Martín-Artajo, the inventor of the System to prepare Dialytic Water. My name is Josefa Codina and I live in Hospitalet del Infante in the Province of Tarragona. My health and whole body, from head to toe, has always been affected by uric acid. A year ago this month I was diagnosed as having gallstones and was lucky to be referred to a naturopathic physician who prescribed these marvelous ampoules. Thanks to them, the stones have disappeared. I won’t stop taking them; I’m 71 and will be 72 on April 10 and will continue to take them a few days each month.

Wishing that the celebration of the anniversary is a success because the persons who dedicate their lives to humanity deserve all our gratitude,
I am sincerely yours.

Mercedes Agejas Quevedo  
Madrid - Spain

In 1968 some friends of mine who personally knew Father José Ignacio Martín-Artajo Alvarez were visiting Avila and recommended the use of this system due to the pain in my gallbladder. Because I was interested in its use, I contacted Father Martín-Artajo at the Colegio de Areneros, where he kindly received me and gave instructions on the use of the ampoules, and asked me to inform him if after the prescribed time of treatment the stones were expelled from my body through the feces. In the event that it would be so, he told me he would appreciate it if I could deliver the stones to him for his collection, and showed me several glass containers from other people who had used the system.
For some time I tried to accomplish his petition but by whatever circumstances I wasn’t able to capture a stone to give to him as proof of the results of the treatment. Nevertheless, since then I have been using the ampoules with satisfactory results for my body because the colic I suffered has disappeared. Also I have been able to recommend the use of the ampoules to a lot of people, which I assure you have been many and have given them a photocopy of the instructions he personally gave to me and of which I attach a copy.
I do not wish to end this letter without expressing my personal gratitude to Father José Ignacio for the benefits I have received from his treatment as well as for his warm welcome he gave my husband and me.

María Luis Garrido  
Madrid - Spain

I am a 70 year old lady. I had gallbladder stones which have disappeared thanks to the treatment of the SLACKSTONE II® ampoules. During my last check-up, the digestion specialist told me surgery wasn’t needed because the stones were gone. My gratitude to Fr. Martín-Artajo who was dedicated to this discovery. The ampoules have freed me of surgery and I am in good health now.

Osvaldo R. Ferraris  
Buenos Aires - Argentina

I wish to tell you about my experience with your product SLACKSTONE II®
I am 75 years old (born on October 4, 1926) and at the early age of 26 I suffered my first renal colic. After this torture, I expelled my first stone.
At the age of 40 I had the second colic and fortunately was able to expel the stone naturally.

At 45 came the third one. From then one and until the age of 72 I expelled 50 stones, all preceded by intense colic. These episodes would repeat themselves over and over again until my physician, the prestigious Argentine homeopath Dr. Carlos Alcalá Hernández, recommended I use your system. I did and in September 1998 I began to take Dialytic Water daily at 8 in the morning.

Today I raise my arms to heaven in gratitude for having freed me of that torture because since then I have not had colic or stones. It may interest you that the stones were of the calcium oxalate variety. It goes without saying that I can attest to the recommendation of Dr. Alcalá Hernández, who in his book mentions Dialytic Water.

In my beloved country, it seems that good things do not last long and after a few weeks of veritable political, economic and social chaos, I find that I cannot locate your representative Marck Up SRL and that maybe I will not be able to find your product. You can imagine my anxiety. I went to several pharmacies and have found 6 boxes which will last me some time, but it is a pity that such a noble product cannot be found easily.

Please forgive the length of this letter, but my gratitude for this marvelous ampoules outweighs my apology. Sincerely yours.

Dr. Manuel Basanta
Vigo – Pontevedra – Spain
( Pediatrics Specialist and Corporate Physician)

I hereby confirm having received the promised samples and the CD-Rom.
Thank you for everything. As I told you on the phone I was very happy to be able to find this product that my 91-year old father has been taking for thirty years successfully. He had suffered several episodes of nephritic colic and since he began to take the Dialytic Water he expelled many stones painlessly, which were expelled as round "pebbles" without pain, and better still, has stopped producing new stones without undergoing any other treatment. For this I am grateful to you.
Even though I have not suffered any more colic, I shall take it as a preventive measure because in this region high levels of uric acid is a constant risk... Thanks for everything. Heartfelt greetings.

Raúl Duarte
Pilar- Province of Buenos Aires- Argentina
Pharmacist

I address you to try to solve the following problem:
I am a pharmacist in a working-class sector of the province of Buenos Aires, Argentina (Pilar). Due to the critical situation in our country, the pharmacist is considered the physician of the poor. Because they lack the money to pay a physician to treat their illnesses, they come to us pharmacists for help.

My intention is not to bore you with stories that you are probably already familiar with. The point is that having read an article published some time ago in the CORREO FARMACEUTICO (PHARMACEUTICAL COURIER) about your SLACKSTONE II® product, I started recommending it to people who had renal or liver lithiasis detected by ultrasound studies, and my satisfaction knew no bounds when after eighty days of treatment, the stones were gone. This has led me to promote the product in view that the physicians don’t know about it or
maybe do not believe in its benefits, because the laboratory that represents you is not yet established in our city (at least to my knowledge).

Currently, importation costs are very high and I cannot dispense the product- Therefore, I address you to inquire which is the best way to solve this problem and be able to rely again on this valuable ally that is your product. Thank you for your attention to this letter and I hope we can find a solution to this inconvenience.

Carmen Ramos
Madrid - Spain

Since you requested testimonials with the names of the users of the SLACKSTONE II® ampoules, I wish to contribute mine in gratitude to Father Martín-Artajo. A physician, Dr. Uriarte told me about SLACKSTONE II® after I experienced renal colic. I had produced a big stone and it appeared that expelling it was not possible. At that time, probably in the 70s, the ampoules (in boxes of one, with red letters on a white background, if I remember correctly) were sold only in the Laboratories of the Lope de Rueda street.

I began an intensive treatment and a few days before my programmed surgery, I expelled a large stone which had been rounded. I kept the unused hospitalization order as a souvenir.

Since then, I periodically “clean the pipes” and have not had kidney problems. I also believe that this has improved my general state of health.

Therefore, the least I can do is express my gratitude and congratulate the people who have made SLACKSTONE II® available to us.

Maribel Minaya Díaz
Los Yébenes – Toledo- Spain

Hi! My name is Maribel and I speak and give thanks on behalf of my mother for the benefits of the system.

What can I say when a little over a year ago we rushed my mother to the doctor with renal colic and were prescribed a painkiller with no explanation?
What can I say when she began treatment with this water and started expelling “grit”?
What can I say about the “ignorance” and lack of knowledge of many physicians (not all)?

So little do they care in verifying this?
So little do they care about us?
Thank goodness there are “daring” persons who decide to try it.
Thank goodness that there are persons with a scientific spirit who decide to do research.
Thank goodness that there are people who cannot be bought.

Thank you, Father Martín-Artajo. Kisses to all.

Alfredo Puigvert Calderón de la Barca
Madrid – Spain

I wish to tell you about two real cases which I can personally vouch for.
1st case: My wife’s mother underwent surgery to remove a kidney. After surgery, the urologist told us that after recovering from this surgery, she had to have another to remove the other kidney. When I relayed the case to a co-worker, she told me about SLACKSTONE II® and since there was nothing to lose by it, I gave her an ampoule after which, and exactly six days later, my mother-in-law expelled a stone the size of a thumb. There was no further mention of removing her remaining kidney.

2nd case: A friend from Barcelona came to visit me in Madrid and commented that her doctor had told her that after the summer heat was over (it was June), he would have to remove her gallbladder which was full of stones and was a time bomb in her body. I told her about SLACKSTONE II® and gave her 2 ampoules, which she promised to use. In September she called me on the phone (we hadn’t contacted each other since) and told me that when her specialist saw her new X-ray, he couldn’t explain how she had been cured because he thought the "little vial" was nonsense.

I can only assure you that whenever and wherever someone mentions stones, I recommend they take your "miracle water” which is how we call **Dialytic Water.**

**Julio Peralta Astudillo**  
Madrid- Spain

After a week of drinking **Dialytic Water,** the stone in my ureter has disappeared. No grit, nothing. September 22, 2008

**Raquel García Romero –Nieva**  
Meco (Madrid) – Spain

Dear Sirs,

I wish to express my appreciation for marketing **Dialytic Water.**  
Three months ago I had my first colic caused by a kidney stone. Since then, I have been undergoing treatment with several strong medications, all of them to lessen my pain, at the beginning in the area of the kidney and afterward in the area of the ureter where the stone was lodged. I mentioned my condition and discomfort (not only due to the pain but also to the medications) to a client, who told me about the water. I decided to stop taking the medications and start taking the water. Let me tell you that in two weeks the pain had disappeared. Once in while I experienced some discomfort because the stone was moving. The most surprising thing was that after making a new radiography that showed that the stone had changed its form and was more rounded, the doctor could not explain it. The stone finally came out. I have been taking the water for less than a month and the pain has disappeared, and with it the stone without having to go to the hospital or taking buscopan. It came out while I was driving but with much less pain than before treatment with the water.

Thank you so much and a great big hug.  
The stone is in the lab being studied and once they return it to me, and if you wish, I will send it to you so you can see how it changed shape or photograph it.
Osvaldo R. Ferraris  
Buenos Aires- Argentina

Dear Mr. Yborra Quesada:

I am writing to you to tell you about my recent experience with Renal Lithiasis. If you recall, between the age of 26 and 72, I expelled more than 50 stones (I believe there were 53) and that after the last one, which I expelled on September 26, 1998 and by recommendation of Dr. Alcalá Hernández (now deceased) I started treatment with Dialytic Water.

Today, 7 years later, free of colics and stones, during the night I felt a slight discomfort in my left kidney which lasted more than 10 minutes and at noon, after lunch, I expelled a tiny stone about 3mm in diameter, without pointy edges, totally round, and I felt practically nothing.

My practice made me realize that this was another trophy for my collection, but with such a notable difference that the first thing my wife and I thought was to inform you if you find it useful, and express how grateful I am for such a noble product.

Fortunately, I now have no difficulty in finding the ampoules. I extend to you my warmest regards.

Gregorio Méndez Morales  
Lleida- Spain

I have been taking Dialytic Water for years and am very satisfied with the results, it works like a charm. Thank you.

Dr. Carlos Castillo Canela  
Arnhem – Holland

I’m writing to you about your SLACKSTONE II® product.

I was in Madrid early last year and bought a box with 12 packages of ampoules. I tested it on 12 patients and the results were very favorable in all of them. The stone-producing patients are symptom-free and their ultrasound and radiographic images are impressive.

I would like to know if I can buy another box with 12 packages of SLACKSTONE II® ampoules to continue this experience which is very gratifying for me and my colleagues. I am mainly dedicated to homeopathy and found the basis of this product very reasonable.

Thank you very much in advance.

Ignacio Marco  
IBI (Alicante) – Spain

I’m 28 years old and have had 3 very painful nephritic colics. I asked my doctor if he could prescribe something for me and he said no, that I could only follow a diet. I casually discovered SLACKSTONE II® on the Internet 2 months ago after my last nephritic colic. I bought the SLACKSTONE II® ampoules in a pharmacy and yesterday, after two months of taking it I expelled a stone painlessly without discomfort, nothing.
Thanks for marketing this product and making it available to everyone. I plan to recommend it to everyone I know.

**Dr. Luis M. Hauman Bonifaz**  
Ica- Peru

Dear sirs, I wish to thank you for the treatment you sent me. It has been a huge success and the stone I had was gone after 20 days of treatment. I currently have no colic, for which I am grateful. How can I obtain ampoules for my patients? As I mentioned before, the occurrence rate of kidney and gallbladder stones in my city is very high. Yours truly.

**Juan Varea Porras**  
Murcia – Spain

During a trip to Turkey I experience a great pain and was diagnosed with kidney and urinary tract stones by means of ultrasound and radiography. My urologist in Spain prescribed lithotripsy and the ultrasound revealed the same stones. After the lithotripsy removed the stone from my urinary tract, a friend recommended I take **SLACKSTONE II®**. Fifteen days later, a new ultrasound revealed that the kidney stone had DISAPPEARED and that same day, I EXPELLED 2 STONES. Thank you very much.

**Emilio Estivill Martínez**  
Barcelona – Spain

I wish to express my admiration and gratitude for the service you are rendering with your invention of **Dialytic Water**. I am a patient who has suffered from nephritic stones (calcic oxalates) since I was 15 years old and I’m 50 now. I have been an acupuncturist for 14 years ago and decided not to use Western medicine to cure the pain and inflammation caused by this last stone. After experiencing three intense attacks for almost 5 hours that I treated with acupuncture and reflexology therapy, I searched the Internet for another way to dissolve the stones and found Father Martín-Artajo’s invention. The result: after drinking the second glass of **Dialytic Water** I noticed that the stone wasn’t pinching me and the pain disappeared.

I’ve been drinking the water and will continue to drink it, as well as recommending it to my patients. Regards and thanks for your work.

**Abraham Tejera Farías**  
Las Palmas de Gran Canaria

It seems incredible that after thinking there was no other solution than surgery for my kidney problems I found this miraculous, simple and efficient solution. My name is Abraham Tejera and I am 31 years old. After completing my military service and due to a very bad diet, I suffered nephritic colic and horrible pains that I will never forget. Later, there were more intense bouts of pain and after uncountable medical visits I had no other choice but to bear the pain until I expelled the stone or recur to surgery. But my former general physician told me about **SLACKSTONE II®** and since then I have led a normal life again without strict dietary limitations or renal pain. I am very grateful to the inventor of **SLACKSTONE II®**, his great work, because thanks to his invention people can enjoy a better quality of LIFE. THANK YOU.
Toni Bardera i Trull  
Girona- Spain

My first colic appeared when I was 24 years old and I continued to have them approximately once a year until I was 31, when I was diagnosed having stones in both kidneys. According to the specialist, one of the stones was so large it could only be removed by surgery. I began taking SLACKSTONE II® twice a day and for the next 5 months expelled grit and small stones daily. I experienced some discomfort and a slight urinary infection but nothing compared to the terrible pain of the previous attacks. Ten years have passed and I sporadically ingest an ampoule as prevention, and I’ve never suffered from another colic. I recommend your product whenever I can: thanks to it I’ve learned that in the face of health problems, as incredible as it sounds, there are natural, inexpensive and simple solutions. Ten years late, I extend to you my ETERNAL GRATITUDE.

Graciela Cicchino  
Caracas – Venezuela

My brother-in-law avoided the operating room thanks to Dialytic Water. Since then I recommend it to anyone who has stone problems. In every case the treatment was effective. Since I learned through the information you provide on the Internet that Dialytic Water contributes to clean arteries, I also submit to this treatment once a year.

Consider me your ally and I believe that Dialytic Water is a simple solution to serious health problems. Cordially yours.

Maria Boix  
Valencia – Spain

I learned of your product through a Jesuit 15 years ago when I produced a coralline stone in my left kidney. I underwent lithotripsy but they informed me that I would produce more stones in the following years due to metabolic problems. Since then, like clockwork, I drink dialytic water and although I’ve had some discomfort, grit and tiny stones that I expel easily, I have not had major problems. That’s why I recommend your product to anyone who I know has the same condition.

This time, when recommending it, I try to provide more information, which is the reason why I downloaded your book. Thank you so much.

R.M. García  
Madrid- Spain

Good afternoon,
I am writing to you to inform you that SLACKSTONE II® has certainly worked in my case. In one of my e-mails in which I consulted several matters with you I mentioned that I had benign calcifications in both breasts 4 years ago. Well, in my annual check-up in March of this year they had disappeared. The radiologic report does not mention them like it did before. I do all my check-ups in the Doctor Tejerina Breast Pathology Center. I started drinking Dialytic Water last October. At the beginning I drank two glasses of water a day for 80 days. Then one glass a day for 40 days and finally, before the check-up, two glasses of water a day for 40 days.

I would also like to add that one of my mother’s transaminase levels was above normal (double). She takes quite a lot of medication. Well, they’ve become normal again. I believe that’s due to Dialytic Water because she has been taking the same medications and has not
changed her dietary habits. The lab tests were carried out in December and she had been drinking the water since October (to December).
We both continue to drink one glass a day.
Thank you.
Kind regards,
Rosa

Sergio Ameneiro Fortuna
Havanna, Cuba

Dear Sirs,
I hereby request that you send me information on the SLACKSTONE II® product which I already know through a Medical Science Professor and Director of the Cardiology Institute of Cuba to whom I commented the results I achieved a few years ago with Dialytic Water, after which he asked me to contact you because he suffers from gallstones. I had stones in my right kidney until a clinical physician recommended it to me. A Spanish friend brought it to in Cuba and in less than 4 months my stones were gone. It goes without saying that it has made me very happy and that I haven´t had stones since. I followed the instructions of the prospect to the letter, which I unfortunately have lost.

I would appreciate your help with my friend.
Respectfully, I greet you.

Author’s Note:
There have also been experiences with Dialytic Water in the veterinary field (especially in pets) which is why we include some testimonials:

Karla Bellini Hernández
San Salvador, El Salvador

Good morning Mr. Yborra

I am pleased to greet you again. I wish to thank you and God for the following: Two weeks ago my dog had an ultrasound and her stones had disappeared. There are no traces and even her kidneys are normal in size. Thank you so much! Blessing and thanks again!

THE STORY OF JO
By Paula de Maisons Alfort
Paris, France

Guinea pigs live an average of 6 to 8 years. At the age of 7, Jo hadn´t had the “pleasure” of visiting the veterinary because in general, he was in good health. However, a few months ago and for the first time due to a urinary problem, it was unavoidable. The vet prescribed antibiotics but told me that in 99% of the cases this problem was caused by kidney stones, and when kidney stones are mentioned, it means surgery!.. But surgery wasn´t an option because it would be very risky at Jo’s age. Florence from the “Jardins Secrets” petshop recommended I give it Dialytic Water. She told me that if Jo had kidney stones and surgery wasn´t an option, he would have to take antibiotics regularly until the end of his life... So I decided to try SLACKSTONE II®
A few days after administering it I realized that Jo, who drank twice the normal amount was anxious to drink; he would go in and out of his hutch, he would jump and hop... it was evident that he was in good shape. When the ampoule was finished I began to give him plain water again and a couple of days later there was a radical change: he wouldn’t come out of his hutch, he was sluggish and sad. Something was wrong. A second visit to the vet revealed he had arthrosis. Considering his age, this was not unusual. After having a radiography made, the result was: no stones! Either Jo is part of the one percent of Guinea pigs who are not affected by stones or the Stone had been dissolved. Following the advice of Véronique and Jean Jacques of Sodalite, I gave Jo the **Dialytic Water** for his arthrosis and once again Jo is in great shape!

This is an incredible live testimonial of a small creature whose DNA is very similar to that of humans.

Last but not least I wish to express my gratitude to Florence, Véronique and Jean Jacques for recommending the **SLACKSTONE II®** System to prepare **Dialytic Water**.
Dialytic Water BIBLIOGRAPHY

All references are available in the Spanish edition of this book. You can get on the web www.litiasis.com

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ABOUT THE AUTHOR

Daniel J. Yborra Quesada, was born into an Andalusian family in Madrid in 1947, was educated in Granada and therefore feels he is mainly of that culture. He is a man south of the south.

For family reasons, his professional life began in the pharmaceutical industry in 1961. He developed this activity (for more than 50 years) as a senior executive of the industry, mainly in marketing and training tasks, although he is experienced in all areas. He founded several business organizations and has attended official international conferences, all related to health. He is a member of the S.G.A.E and has a Master’s in creativity.

He is the proprietor of the SLACKSTONE II® System to prepare Dialytic Water and is dedicated body and soul to it although he is now retired.